## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

1161 RIVER DR NE



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K86456

330 DELREY NE

PALM BAY FL

(6)

Mailing Address

1161 RIVER DR NE

UPRIGHT BUILDERS, INC.

## FILED Jan 21 1998 8:00am Secretary of State



PALM BAY FL 32905 PALM BAY FL 32905 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 05/09/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2953360 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MELKUN, DARLA J 1161 RIVER DR NE 82 Street Address (P.O. Box Number is Not Acceptable) PALM BAY FL 32905 83 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am amiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITION 12. 13 TITLE DELETE 1,1 TITLE Change Addition MELKUN, JOHN J JR NAME 1,2 NAME 1161 RIVER DR NE STREET ADDRESS 1 3 STREET ADDRESS PALM BAY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change DVS Addition TITLE 2.1 TITLE MELKUN, DARLA J. 2.2 NAME NAME STREET ADDRESS 1161 RIVER DR NE 2.3 STREET ADDRESS CITY - ST - ZIP PALM BAY FL 2, 4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE PARKS, KEVIN A NAME 3.2 NAME

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

David CHARTRURED

DELETE

DELETE

DELETE

1/14/98 (407)729-8315

Change

Change

Change

Addition

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Addition

32E034 (10/97)