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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000091202

STRAIGHT-UP CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
1906 NINETEENTH AVE. WEST	1906 NINETEENTH AVE. WEST RRADENTON FL 34205

## **FILED** May 07, 1999 8:00 am Secretary of State

05-07-1999 90074 032 \*\*\*150.00



1906 NINETEEN BRADENTON FL		1906 NINETEENTH AVE. WEST Bradenton Fl 34205		DO NOT WRITE II	N THIS SPACE			
					3. Date Incorporated or Qualifed 10/22/1997			
2. Principal Pia	ace of Business	2a, Mailing Address		·	4. FEI Number		Applied For	
21		26		<del> </del>	65-0792209		Not Applicable	
Suite, Apt. a	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution	,	00 May Be ed to Fees	
Zip 24	Country 25	Zip 29	Country 30	/ 	This corporation owes the current y Personal Property Tax.	□Yes	No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Regis	stered Agent		
A11.15.11	N IEEEDEV A		81	Name				
NUNN, JEFFREY A 1906 NINETEENTH AVE. WEST BRADENTON FL 34205			82		ddress (P.O. Box Number is Not Acceptable)			
DNAL	DENTON PL 34203		83	']			)	
			84	City		FL 85 Z	ip Code	
office or re agent. I ar SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the oblight Signature, typed or printed name of registered age	e of Florida. Such change was au ations of, Section 607.0505, Flor	ithorized by ida Statutes	the corporat s.	rporation submits this statement for the purption's board of directors. I hereby accept the	e appointment as	s registered	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIREC	CTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE			Char		
NAME	NUNN, JEFFREY A		1.2 NAME				.	
STREET ADORESS	1906 NINETEENTH AVE. WES	т	1.3 STREE	T ADDRESS			ľ	
CITY-ST-ZIP	BRADENTON FL 34205	•	1.4 CITY-5	1			ł	
TITLE	BIOLOGICA O ILOG	☐ DELETE	2.1 TITLE			Char	ge Addition	
NAME			2.2 NAME				ļ	
STREET ADDRESS			2.3 STREE	T ADDRESS				
CITY-ST-ZIP			2.4 CITY-					
TITLE		☐ DELETE	3.1 TITLE			☐ Chan	ge	
NAME			3.2 NAME					
STREET ADDRESS			3 3 STREE	TADDRESS			}	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Char	ige 🔲 Addition	
NAME			4. 2 NAME				(	
STREET ADDRESS			4.3 STREE	TADDRESS				
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP				
TITLE	<u> </u>	☐ DELETE	5,1 TITLE			☐ Char	ge 🔲 Addition	
NAME			5.2 NAME				ł	
STREET ADDRESS			5.3 STREE	T ADDRESS			ĺ	
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Char	nge 🔲 Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY-ST-ZIP			6.4 CITY-5	ST-ZIP				

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, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)