

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**  
 07-27-1999 90029 045 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000050267**  
 1. Corporation Name  
**ACCU SPEC HOME INSPECTION INC.**

596808-90029-45



Principal Place of Business	Mailing Address
1790 CORAL WAY SOUTH VERO BEACH FL 32963	1790 CORAL WAY SOUTH VERO BEACH FL 32963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/10/1996**

2. Principal Place of Business	2a. Mailing Address
21 <b>1986 Anglers Cove</b>	26 <b>1986 Anglers Cove</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

City & State	City & State
23 <b>Vero Beach FL</b>	28 <b>Vero Beach, FL</b>
Zip	Zip
24 <b>32963</b>	29 <b>32963</b>
Country	Country
25 <b>Indian River</b>	30 <b>Indian River</b>

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GENTILE, LAWRENCE F**  
**1790 CORAL WAY SOUTH**  
**VERO BEACH FL 32963**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>GENTILE, LAWRENCE F</b>	
STREET ADDRESS	<b>1790 CORAL WAY SOUTH</b>	
CITY-ST-ZIP	<b>VERO BCH FL</b>	
TITLE	<b>VPST</b>	<input type="checkbox"/> DELETE
NAME	<b>GENTILE, MARY T</b>	
STREET ADDRESS	<b>1790 CORAL WAY SOUTH</b>	
CITY-ST-ZIP	<b>VERO BCH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>1986 Anglers Cove</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>1986 Anglers Cove</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-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.

SIGNATURE: *Monature Deleted*

561-231-5537

CR2E034 (5/99)



PA600050567  
596808-90029-45

July 20, 1999

Division of Corporations  
Annual Reports Filings

P.O. Box 1500  
Tallahassee, FL 32302

Dear Sir:

Our company office has moved twice within the last year, first to 1810 Sand Dollar and then 1086 Anglers Cove. We have been getting our mail due to a wonderful postal delivery person however we did not receive any notice of this bill being due.

The second notice was also mixed in with the mail at 1790 Coral Way and the owner is a part time Florida resident. His house keeper just brought over this second notice. In view of this we hope that you will be able to accept our apology for paying late and waive any late fee.

I have enclosed a check for the \$150.00 in hopes that this will be acceptable in this case. Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Mary Gentile".

Mary Gentile