

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE): \$236.25)

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
Oct 08 1998 8:00am
Secretary of State

DOCUMENT # N97000001033 (6)

1. Corporation Name
ADEPT SERVICES, INC.

Principal Place of Business Mailing Address
506 CACTUS STREET TALLAHASSEE FL 32304 **506 CACTUS STREET TALLAHASSEE FL 32304**

21	2 Principal Place of Business	26	2a Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent

SCHWENDINGER, CARL MICHAEL
506 CACTUS STREET
TALLAHASSEE FL 32304

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

3. Date Incorporated or Qualified
02/24/1997

4. FEI Number
59-3447109 Applied For Not Applicable

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE		(NOTE: Registered Agent signature required when re-registering)	DATE
12	OFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD [] DELETE	1.1 TITLE	[] Change [] Addition
NAME	SCHWENDINGER, CARL MICHAEL	1.2 NAME	
STREET ADDRESS	506 CACTUS STREET	1.3 STREET ADDRESS	
CITY-STATE-ZIP	TALLAHASSEE FL 32304	1.4 CITY-STATE-ZIP	
TITLE	VTSD [] DELETE	2.1 TITLE	[] Change [] Addition
NAME	SCHWENDINGER, ANDREA D	2.2 NAME	
STREET ADDRESS	506 CACTUS STREET	2.3 STREET ADDRESS	
CITY-STATE-ZIP	TALLAHASSEE FL 32304	2.4 CITY-STATE-ZIP	
TITLE	D [] DELETE	3.1 TITLE	[] Change [] Addition
NAME	LOCASCIO, FRANK C	3.2 NAME	
STREET ADDRESS	5604 RUSTIC DRIVE	3.3 STREET ADDRESS	1619 Riveridge Trail
CITY-STATE-ZIP	TALLAHASSEE FL 32303	3.4 CITY-STATE-ZIP	Jacksonville, FL 32203-1776
TITLE	[] DELETE	4.1 TITLE	[] Change [] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	[] DELETE	5.1 TITLE	[] Change [] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	[] DELETE	6.1 TITLE	[] Change [] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Date: **9-30-98** Daytime Phone: **850 5764838**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Schwendinger, Carl Michael**

CR2E037 (5/98)