

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

**FILED**  
**Jun 04 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000097981 (1)**  
 1. Corporation Name  
**ADEPT HOME & BUILDING INSPECTIONS, INC.**



Principal Place of Business <b>169 CYPRESS POINTE DR PALM BEACH GARDENS FL 33418</b>	Mailing Address <b>P.O. BOX 30725 PALM BEACH GARDENS FL 33420 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>10187 Dasheen Ave.</b>	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>Palm Beach Gardens, FL</b>	City & State 28
Zip 24 <b>33410</b>	Country 25 <b>Palm Beach</b>
	Zip 29
	Country 30

3. Date Incorporated or Qualified <b>12/29/1995</b>	
4. FEI Number <b>65-0779590</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CARLISLE, THOMAS P 169 CYPRESS POINT DRIVE PALM BEACH GARDENS FL 33418</b>	
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10. Name and Address of New Registered Agent	
81 Name <b>CARLISLE, THOMAS P.</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>10187 Dasheen Avenue</b>	
83	
84 City <b>Palm Beach Gardens FL</b>	85 Zip Code <b>33410</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D CARLISLE, THOMAS P</b>
STREET ADDRESS	<b>169 CYPRESS POINTE DR</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33418</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D HUGHES, JOYCE E</b>
STREET ADDRESS	<b>41 POPLAR RD</b>
CITY-ST-ZIP	<b>TEQUESTA FL 33408</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	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D CARLISLE, THOMAS P.</b>
STREET ADDRESS	<b>10187 Dasheen Avenue</b>
CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33410</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:**  **THOMAS P. CARLISLE** 4/23/98 (561) 625-0266  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)