

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

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. (Mortner)**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

97 OCT -7 PM 12:27

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P96000035643**  
 1. Corporation Name

Jigs, Inc.

Principal Place of Business

Mailing Address

210 South Kings Ave.  
 Brandon, FL 33511

3. Date Incorporated or Qualified  
 4/24/96

3a. Date of Last Report  
 N/A

2. Principal Place of Business  
 21 1802 1/2 MacDill Ave.

2a. Mailing Address  
 26 400 N. Ashley Dr.

4. FEI Number  
 59-3375232

Applied For  
 Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

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

22 City & State  
 23 Tampa, FL

27 Ste. 2300

28 Tampa, FL

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

24 Zip  
 33629

Country

29 33602

30 Country

8. This corporation has liability for state income tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Intrastate Registered Agent Corp.  
 701 Brickell Ave.  
 Miami, FL 33131

81 Name  
 James Mellody

82 Street Address (P.O. Box Number Not Acceptable)  
 1802 1/2 MacDill Ave.

83

84 City  
 Tampa, FL 85 Zip Code  
 33629

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 line #) (SEE INSTRUCTIONS)

Registered Agent's signature (required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D Mellody, James  DELETE  
 NAME  
 STREET ADDRESS 210 South Kings Ave.  
 CITY-ST-ZIP Brandon, FL 33511

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS 1802 1/2 MacDill Ave.  
 1.4 CITY-ST-ZIP Tampa, FL 33629

TITLE D Mchale, Thomas  DELETE  
 NAME  
 STREET ADDRESS 210 South Kings Ave.  
 CITY-ST-ZIP Brandon, FL 33511

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

000002314900--8  
 -10/08/97--01057--011  
 \*\*\*\*550.00 \*\*\*\*550.00

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

9-10-7-97

14. I do 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: James Mellody

9-15-97

813.254.2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone No.

CR2E034 (9/96)