

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0003322

PROFIT CORPORATION ANNUAL REPORT 1998 *aa*



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

APPROVED
 99 MAY 20 11:58
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000035643 (1)**

1. Corporation Name
JIGS, INC.



REINSTATEMENT *aa*
 DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1802 1/2 MACDILL AVE
 TAMPA FL 33629**

Mailing Address
**400 N ASHLEY DR
 STE 2300
 TAMPA FL 33602**

3. Date Incorporated or Qualified
04/24/1996

4. FEI Number
59-3375232

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

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

10. Name and Address of New Registered Agent
 81 Name **Intrastate Registered Agent Corp.**
 82 **701 Brickell Pkwy, Suite 3000**
 83
 84 City **Miami** FL 85 Zip **33131**

9. Name and Address of Current Registered Agent
**MELLODY, JAMES
 1802 1/2 MACDILL AVE
 TAMPA FL 33629**

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]* **Vice President** DATE **May 27, 1999**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	400002892354 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELLODY, JAMES	1.2 NAME	-06/02/99--01043--003
STREET ADDRESS	1802 1/2 MACDILL AVE	1.3 STREET ADDRESS	****550.00 ****550.00
CITY-ST-ZIP	TAMPA FL 33629	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCHALE, THOMAS	2.2 NAME	
STREET ADDRESS	210 S. KINGS AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33511	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	400002892354 <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.3 STREET ADDRESS	-06/02/99--01043--004
CITY-ST-ZIP		3.4 CITY-ST-ZIP	****350.00 ****350.00
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99 (813) 969-4647

CR2E034 (5/98)