

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

**FILED**  
**May 06 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000013004 (2)**  
 1. Corporation Name  
**JACK & JILL OF ALL TRADES, INC.**



Principal Place of Business <b>1850 52ND STREET, SOUTHWEST NAPLES FL 33999</b>	Mailing Address <b>1850 52ND STREET, SOUTHWEST NAPLES FL 33999</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/09/1996**

4. FEI Number <b>65-0659014</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
6. 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	

2. Principal Place of Business 21 <b>SAME</b>	2a. Mailing Address 26 <b>SAME</b>
22 Suite, Apt. #, etc. <b>SAME</b>	27 Suite, Apt. #, etc. <b>SAME</b>
23 City & State <b>34116</b>	28 City & State <b>34116</b>
24 <b>Collier</b>	29 <b>Collier</b>
25 Country	30 Country

9. Name and Address of Current Registered Agent  
**HEIDER, KATHLEEN L**  
**1850 52ND STREET SW**  
**NAPLES FL 34116**

10. Name and Address of New Registered Agent  
 81 Name **SPRUE AS**  
 82 Street Address (P.O. Box Number is Not Acceptable) **#29 #2A**  
 83 **FL**  
 84 City **FL**  
 85 Zip Code

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 607.005, Florida Statutes.

SIGNATURE **Kathleen Heider** **Kathleen Heider** **3-23-98**  
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>HEIDER, KATHLEEN</b>	
STREET ADDRESS <b>1850 52ND STREET SW</b>	
CITY-ST-ZIP <b>NAPLES FL</b>	
TITLE <b>VPST</b>	<input type="checkbox"/> DELETE
NAME <b>HEIDER, RONALD</b>	
STREET ADDRESS <b>1850 52ND STREET SW</b>	
CITY-ST-ZIP <b>NAPLES 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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
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 **Kathleen Heider** **3-23-98** **941-352-6934**

CR2E034 (10/97)