# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **380674** **(2)**

1. Corporation Name

**HIGLEY PUBLISHING CORP.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4314-2 ST. AUGUSTINE RD<br>BOX 5369<br>JACKSONVILLE FL 32207<br>US | 4314-2 ST. AUGUSTINE RD.<br>JACKSONVILLE FL 32207<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/19/1971**
3a. Date of Last Report: **03/14/1994**

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

4. FEI Number: **59-1352483** ☐ 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

8. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

**WHARTON PAUL W DR**
**4314-2 ST AUGUSTINE RD**
**JACKSONVILLE FL 32207**

**10. Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 607.0505, Florida Statutes.

SIGNATURE: P.W. Wharton P.W.Wh 4/24/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when name changes) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | WHARTON, PAUL | 12 NAME | | |
| STREET ADDRESS | 2356 JOSE CIRCLE NORTH | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | 14 CITY-ST-ZIP | | |
| TITLE | D | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | MCGEHEE, T R SR | 22 NAME | | |
| STREET ADDRESS | 3300 PHILLIPS HWY | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | 24 CITY-ST-ZIP | | |
| TITLE | DC | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | MCGEHEE, DELIA HOUSER | 32 NAME | | |
| STREET ADDRESS | 505 LANCASTER ST, #6-B | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | 34 CITY-ST-ZIP | | |
| TITLE | D | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | WHARTON, KRISTEN L | 42 NAME | | |
| STREET ADDRESS | 2356 JOSE CIRCLE NORTH | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | 44 CITY-ST-ZIP | | |
| TITLE | VSD | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | MCGEHEE, DELIA H II | 52 NAME | | |
| STREET ADDRESS | 3480 ROSALIE LANE | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | LEXINGTON KY | 54 CITY-ST-ZIP | | |
| TITLE | D | 61 TITLE | | ☒ Change ☐ Addition |
| NAME | MCGEHEE, THOMAS R., JR. | 62 NAME | | |
| STREET ADDRESS | ~~4840 APACHE AVE.~~ | 63 STREET ADDRESS | 1850 Seminole Road | |
| CITY-ST-ZIP | ~~JACKSONVILLE FL~~ | 64 CITY-ST-ZIP | STX FL 32205 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:** P.W.Wh 4/24/95 (904) 544-3041
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0406320 FP