

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91495 011 \*\*\*158.75

**DOCUMENT # 380674**

1. Entity Name  
**HIGLEY PUBLISHING CORP.**



Principal Place of Business  
**4314-2 ST. AUGUSTINE RD  
BOX 5369  
JACKSONVILLE FL 32207  
US**

Mailing Address  
**4314-2 ST. AUGUSTINE RD.  
JACKSONVILLE FL 32207  
US**



2. Principal Place of Business  
**17 N. OCEAN ST.**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 5398**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**JACKSONVILLE FL.**

City & State  
**JACKSONVILLE FL.**

4. FEI Number  
**59-1352483**

Applied For  
Not Applicable

Zip  
**32202**

Country  
**USA**

Zip  
**32247**

Country  
**USA**

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

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

**WHARTON, KRISTEN  
4314 ST AUG RD  
STE 2  
JACKSONVILLE FL 32207**

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

Name  
**JOHN E. HOFFEL**  
Street Address (P.O. Box Number is Not Acceptable)  
**17 N. OCEAN ST.**  
City  
**JACKSONVILLE FL** Zip Code  
**32202**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **JOHN E. HOFFEL, PRESIDENT**  
Signature, typed or printed name of registered agent and title if applicable.

**4-25-03**  
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
**PDST** ☒ Delete  
NAME  
**WHARTON, KRISTEN**  
STREET ADDRESS  
**2356 JOSE CR. N.**  
CITY-ST-ZIP  
**JACKSONVILLE FL 32207**

TITLE  
**V** ☐ Delete  
NAME  
**HOEFFEL, JOHN**  
STREET ADDRESS  
**4636 LEGENDS LANE**  
CITY-ST-ZIP  
**ELKTON FL 32033**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PSD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME  
**VTD KENNETH R. WATSON**  
STREET ADDRESS  
**1610 AVONDALE AVE.**  
CITY-ST-ZIP  
**JACKSONVILLE FL 32205**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JOHN E. HOFFEL**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-25-03**  
Date

**358-5685**  
Daytime Phone #

CR2E034 (10/02)