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Feb 08, 1999 8:00am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 549249

1. Corporation Name

HERITAGE MANAGEMENT CORP.

Principal Place of Business

2516 S.W.27TH AVE.
P.O.BOX 2495
OCALA FL 32678

Mailing Address

2516 S.W.27TH AVE.
P.O.BOX 2495
OCALA FL 32678

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1977

4. FEI Number

59-1771131

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAY, JAMES E

2516 S.W. 27TH AVE
OCALA FL 34478

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

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 P ☐ DELETE

NAME KIRKPATRICK, JOHN W
STREET ADDRESS 2531 N.W. 41ST ST
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE VP ☐ DELETE

NAME DAY, JAMES
STREET ADDRESS 3245 NE 44TH PLACE
CITY-ST-ZIP OCALA FL

TITLE DAY, JAMES E ☐ DELETE

NAME DAY, JAMES E
STREET ADDRESS 2516 S.W. 27TH AVE
CITY-ST-ZIP OCALA FL 34478

TITLE ☐ DELETE

NAME 2516 S.W. 27TH AVE
STREET ADDRESS P.O. BOX 2495
CITY-ST-ZIP OCALA FL 32678

TITLE ☐ DELETE

NAME P
STREET ADDRESS
CITY-ST-ZIP

TITLE KIRKPATRICK, JOHN W ☐ DELETE

NAME 2531 N.W. 41ST ST
STREET ADDRESS GAINESVILLE FL 32607
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99

352/237-7277

Date

Daytime Phone #

CR2E034 (11/98)