

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 549249

**Entity Name:** HERITAGE MANAGEMENT CORP.

**Current Principal Place of Business:**

2605 SW 33RD ST  
BLDG #200  
OCALA, FL 34471

**Current Mailing Address:**

P.O.BOX 2495  
OCALA, FL 34478

**FEI Number:** 59-1771131

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KIRKPATRICK, KENNETH B  
2605 SW 33RD ST  
BLDG #200  
OCALA, FL 34471 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name KIRKPATRICK, JOHN W  
Address 2605 SW 33RD ST  
City-State-Zip: Ocala FL 34471

Title VSD  
Name DAY, JAMES E  
Address 3245 NE 44TH PLACE  
City-State-Zip: Ocala FL 34470

Title PD  
Name KIRKPATRICK, PRESTON  
Address 2606 SW 20TH CIRCLE  
City-State-Zip: Ocala FL 34471

Title T  
Name AYOUB, PAUL G  
Address 2605 SW 33RD ST  
BLDG #200  
City-State-Zip: Ocala FL 34471

Title V  
Name BUSS, RANDAL M  
Address 745 SE 45TH TERR.  
City-State-Zip: Ocala FL 34471

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PRESTON KIRKPATRICK

**PRESIDENT**

**03/18/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date