## 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: RICHARD GODDARD

Electronic Signature of Signing Officer/Director Detail

**DOCUMENT# 446875** 

Entity Name: JOHN GODDARD PRODUCE, INC.

## **Current Principal Place of Business:**

1111 W. MAIN STREET LAKELAND, FL 33815

### **Current Mailing Address:**

1111 W. MAIN STREET LAKELAND. FL 33815 US

# FEI Number: 59-1512936

## Name and Address of Current Registered Agent:

GODDARD, ROBERT A 1622 DOOLEY LANE LAKELAND, FL 33813 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 Signatu

## **Officer/Director Detail :**

Title	DP	Title	STD
Name	GODDARD, ROBERT A	Name	GODDARD, RICHARD G
Address	1622 DOOLEY LANE	Address	4927 SOUTH DEVONSHIRE LANE
City-State-Zip:	LAKELAND, FL 33813	City-State-Zip:	LAKELAND FL 33813

ure of Registered Agent				
	Title	STD		
RTA	Name	GODDARD, RICHARD G		
	A status s s			

SECRETARY/TREASURER 02/12/2019

Date

FILED Feb 12, 2019 Secretary of State 1761745194CC

Date

Certificate of Status Desired: No