

P090000070268

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Correction

TB

AUG 27 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FARM FRESH PRODUCE, INC.

Name of Corporation

DOCUMENT NUMBER: P09000070268

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GLENN M THOMAS

Name of Contact Person

FARM FRESH PRODUCE, INC.

Firm/Company

180 EAST ALACHUA STREET

Address

PALATKA, FLORIDA 32177

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISA WIGGINS

Name of Contact Person

at (386) 328-4164

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status &
Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF CORRECTION

for

FARM FRESH PRODUCE, INC.

Name of Corporation as currently filed with the Florida Dept. of State

P09000070268

Document Number (if known)

FILED
2009 AUG 26 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct PROFIT ARTICLES OF CORPORATION
(Document Type Being Corrected)

filed with the Department of State on AUGUST 20, 2009
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

NAME OF REGISTERED AGENT ENTERED INCORRECTLY.

INCORPORATOR NAME ENTERED INCORRECTLY

OFFICER/DIRECTOR NAME PRES ENTERED INCORRECTLY

Correct the inaccuracy, incorrect statement, or defect:

NAME OF REGISTERED AGENT/GLENN M THOMAS

INCORPORATOR NAME/GLENN M THOMAS

OFFICER/DIRECTOR NAME PRES/GLENN M THOMAS

X. 

(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

GLENN M THOMAS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00