

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mayhew
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 232797 (1)
1. Corporation Name
ALICO, INC.

**APPROVED
AND
FILED**

95 MAY -1 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**640 SOUTH MAIN STREET
P.O. BOX 338
LA BELLE FL 33905**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/01/1960** 3a. Date of Last Report **02/16/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-0906081		Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22		27		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

**LESTER, W. BERNARD
640 SOUTH MAIN STREET
LA BELLE FL 33905**

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	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 _____ (NOTE: Registered Agent signature required when relating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OAKLEY, THOMAS E	1.2 NAME	
STREET ADDRESS	101 ABC ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WALES FL	1.4 CITY - ST - ZIP	
TITLE	PDC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN III, BEN HILL	2.2 NAME	
STREET ADDRESS	700 S. SCENIC HWY	2.3 STREET ADDRESS	
CITY - ST - ZIP	FROSTPROOF FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UPDKE, JOHN C	3.2 NAME	
STREET ADDRESS	ROUTE 80	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WALES FL	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESTER, W. BERNARD	4.2 NAME	
STREET ADDRESS	640 SOUTH MAIN STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	LA BELLE FL	4.4 CITY - ST - ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYLE, BEATRICE W	5.2 NAME	
STREET ADDRESS	640 SOUTH MAIN STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	LA BELLE FL	5.4 CITY - ST - ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, L. C	6.2 NAME	
STREET ADDRESS	640 SOUTH MAIN STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	LA BELLE FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, complete, or on an attachment with an address.

SIGNATURE: *L. Craig Simmons, CFO* 1/10/95 (813) 675-2966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **L. Craig Simmons**

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CORPORATION ANNUAL REPORT 1995

ALICO, INC.
640 South Main Street
Post Office Box 338
La Belle, FL 33935

12. Names and Street Addresses of Each Officer and Director, as of December 31, 1994.

<u>Title</u>	<u>Name of Officers and Directors</u>	<u>Street Address of Each Officer and Director</u>	<u>City and State</u>
D	BLOUNT, JR., WALKER E.	1190 East Hibiscus Drive	Bartow, FL 33830
D	HENDRY, LLOYD G.	14531 Orange River Road	Fort Myers, FL 33905
D	BARROW, JR., JEFFERSON C.	700 S. Scenic Highway	Frostproof, FL 33843
D	HARTSAW, K. E.	2003 Countryside Circle N	Orlando, FL 32804
D	GRIFFIN, IV, BEN HILL	700 S. Scenic Highway	Frostproof, FL 33843

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U.S. AIR MAIL SERVICE
ORLANDO, FL 32804