

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 05 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 232797 (1)**  
 1. Corporation Name  
**ALICO, INC.**



Principal Place of Business <b>640 SOUTH MAIN STREET P.O. BOX 338 LA BELLE FL 33935</b>	Mailing Address <b>640 SOUTH MAIN STREET P.O. BOX 338 LA BELLE FL 33935</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/01/1960</b>	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>59-0906081</b>	Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>LESTER, W. BERNARD                  640 SOUTH MAIN STREET                  LA BELLE FL 33935</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OAKLEY, THOMAS E</b>	1.2 NAME	
STREET ADDRESS	<b>101 ABC ROAD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LAKE WALES FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>PDC</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D/C</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRIFFIN III, BEN HILL</b>	2.2 NAME	<b>Griffin III, Ben Hill</b>
STREET ADDRESS	<b>700 S. SCENIC HWY</b>	2.3 STREET ADDRESS	<b>700 S. Scenic Hwy.</b>
CITY - ST - ZIP	<b>FROSTPROOF FL</b>	2.4 CITY - ST - ZIP	<b>Frostproof, FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>UPDIKE, JOHN C</b>	3.2 NAME	
STREET ADDRESS	<b>ROUTE 60</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LAKE WALES FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LESTER, W. BERNARD</b>	4.2 NAME	<b>Lester, W. Bernard</b>
STREET ADDRESS	<b>640 SOUTH MAIN STREET</b>	4.3 STREET ADDRESS	<b>640 South Main Street</b>
CITY - ST - ZIP	<b>LA BELLE FL</b>	4.4 CITY - ST - ZIP	<b>La Belle, FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOYLE, BEATRICE W</b>	5.2 NAME	
STREET ADDRESS	<b>640 SOUTH MAIN STREET</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LA BELLE FL</b>	5.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMMONS, L. CRAIG</b>	6.2 NAME	
STREET ADDRESS	<b>640 SOUTH MAIN STREET</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LA BELLE FL</b>	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 incorporator or organizer or promoter of the corporation and that I am authorized 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 attached form, with an address.

SIGNATURE: \_\_\_\_\_ 3/2/98 941-675-2966

CR2E034 (10/97)