

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 AM 10:43

DOCUMENT # P93000019167 (4)

1. Corporation Name
ALDRIDGE FARMS, INC.

Principal Place of Business Mailing Address
11509 E DR MARTIN LUTHER KING JR BLVD
MANGO FL 33550

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	11509 East	2a. Mailing Address	Post Office Box 1187	3. Date Incorporated or Created	03/12/1993	3a. Date of Last Report	04/27/1994
21. Doctor M.L.King, Jr. Blvd.		26. Post Office Box 1187		4. FEI Number	59-3169744	Applied For	Not Applicable
22. City & State	Mango, Florida	27. City & State	Mango, Florida	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23. Zip	33550	28. Zip	33550-1187	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24. Country	Hillsborough	29. Country	Hillsborough	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/>	Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
Name misspelled **George I. Eldridge**
ALDRIDGE, GEORGE T
11509 E DR MARTIN LUTHER KING JR BLVD
MANGO FL 33550

10. Name and Address of New Registered Agent
01 Name **George T. Eldridge**
02 Street Address (P.O. Box Number is Not Acceptable) **11509 E. Doctor M.L.King, Jr. Blvd.**
03 **Post Office Box 1187**
04 City **Mango, FL** 05 Zip Code **33550-1187**

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 607.0509, Florida Statutes.

SIGNATURE _____

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when printed)

12. OFFICERS AND DIRECTORS		13. ADI	
TITLE	PD	1.1 TITLE	
NAME	ALDRIDGE, GEORGE SR	1.2 NAME	
STREET ADDRESS	P O BOX 69 NA	1.3 STREET ADDRESS	
CITY- ST- ZIP	MANGO FL	1.4 CITY- ST- ZIP	
TITLE	S	2.1 TITLE	Eldridge
NAME	ALDRIDGE, GEORGE T	2.2 NAME	Post Of
STREET ADDRESS	P O BOX 1267 NA	2.3 STREET ADDRESS	Mango,
CITY- ST- ZIP	MANGO FL	2.4 CITY- ST- ZIP	
TITLE	D	3.1 TITLE	
NAME	ALDRIDGE, PATRICIA	3.2 NAME	
STREET ADDRESS	GIDDINGS ST	3.3 STREET ADDRESS	
CITY- ST- ZIP	MANGO FL	3.4 CITY- ST- ZIP	
TITLE	D	4.1 TITLE	
NAME	ALDRIDGE, GEORGE JR	4.2 NAME	
STREET ADDRESS	4018 LAKEWOOD DRIVE	4.3 STREET ADDRESS	
CITY- ST- ZIP	MANGO FL	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

Please !!! the Registered Agent and the Secretary's name was changed to Ald and it is Eldridge

The Rest are all Aldridge's

The names are nearly same, they are not Misspelled.

See attached forms

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 110.07(2)(b), 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 and am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE: *George T. Eldridge* Secretary January 31, 1995

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

FOR THE FILING FEE AFTER MAY 1 IS \$20.00

CORPORATION ANNUAL REPORT 1994



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name ALDRIDGE FARMS, INC. DOCUMENT # P93000019167 (4)

Mailing Address: POB 254 POB 1187 MANGO FL 33550-1187 Principal Place of Business: 11509 E DR MARTIN LUTHER KING JR BLVD MANGO FL 33550-1187

DO NOT WRITE IN THIS SPACE

2. Mailing Address (21-24) Principal Place of Business (25-28) City & State (29-30) Zip (25-26, 29-30) Country (25, 29)

3. Date incorporated or Qualified: 03/12/1993 3a. Date of Last Report: Applied For: Not Applicable 4. FEI Number: 59-3169744 5. Certificate of Status Desired: \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees 7. Nonprofit Exempt from \$138.75 Supplemental Fee 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: ELDRIDGE, GEORGE T. 11509 E DR MARTIN LUTHER KING JR BLVD MANGO FL 33550-1187 81 Name, 82 Street Add, 83, 84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Flor for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Ser SIGNATURE

Table with 2 columns: 12. OFFICERS AND DIRECTORS (11-14, 21-24, 31-34, 41-44, 51-54, 61-64) and 13. (11-14, 21-24, 31-34, 41-44, 51-54, 61-64) listing titles and addresses for President, Secretary, Treasurer, and Director.

Payment area including Barnert Bank logo, handwritten signature of George T. Eldridge, and a check for \$4350.00 dated 4-23-94. Includes address: GEORGE T. ELDRIDGE OR LILLIE M. ELDRIDGE P.O. BOX 12671 SSF - 58TH ST., N. PH. 813-527-7348 ST. PETERSBURG, FL 33733

Vertical form with fields for code, 11, and other administrative markings.

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for... SIGNATURE: George T. Eldridge, Secretary MONUMENT AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 3, 1994 (813) 684-3399

As you can clearly see someone in your office took it upon themselves to change the first letter of the last name of the Registered Agent and the Secretary. Changed the 1st letter to an A instead of leaving it with an E.

George Aldridge Sr. has no middle initial.

Where George T. Eldridge does.

*It has been corrected
on the New file form*

Alert

Restart

OUT

OF

ORDER

Alert

Restart

OUT

OF

ORDER

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra P. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 AM 10:43

DOCUMENT # P93000019167 (4)

1. Corporation Name

ALDRIDGE FARMS, INC.

Principal Place of Business

**11509 E DR MARTIN LUTHER KING JR BLVD
MANGO FL 33550**

Mailing Address

**POB 254
MANGO FL 33550**

Effective Date of Filing

3. Date of Corporation Filing

03/12/1993

3a. Date of Last Report

04/27/1994

2. Principal Place of Business

21 Doctor M.L.King,Jr.Blvd.

2a. Mailing Address

26 Post Office Box 1187

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Mango, Florida

City & State

28 Mango, Florida

Zip

24 33550

Country

25 Hillsborough

Zip

29 33550-1187

Country

30 Hillsborough

4. Filing Fee

59-3169744

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under § 193.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

Name misspelled **George T. Eldridge**
ALDRIDGE, GEORGE T
11509 E DR MARTIN LUTHER KING JR BLVD
MANGO FL 33550

10. Name and Address of New Registered Agent

B1 Name George T. Eldridge
B2 Street Address (P.O. Box Number is Not Acceptable) 11509 E. Doctor M.L.King,Jr.Blvd.
B3 Post Office Box 1187
B4 City Mango, FL B5 Zip Code 33550-1187

11. Pursuant to the provisions of Sections 607.0502 and 607.150a, 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

Registered Agent or registered office of registered agent and mailing address

12. Registered Agent Signature (print name and title)

1995

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	ALDRIDGE, GEORGE SR
STREET ADDRESS	P O BOX 69 NA
CITY, ST, ZIP	MANGO FL
TITLE	S
NAME	ALDRIDGE, GEORGE T
STREET ADDRESS	P O BOX 1287 NA
CITY, ST, ZIP	MANGO FL
TITLE	D
NAME	ALDRIDGE, PATRICIA
STREET ADDRESS	GIDDINGS ST
CITY, ST, ZIP	MANGO FL
TITLE	D
NAME	ALDRIDGE, GEORGE JR
STREET ADDRESS	4018 LAKEWOOD DRIVE
CITY, ST, ZIP	MANGO FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE	Eldridge, George T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Post Office Box 1187	
23 STREET ADDRESS	Mango, Florida 33550-1187	
24 CITY, ST, ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and that it fully and truthfully represents the information required by the 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 and am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 of this report.

George T. Eldridge
George T. Eldridge

Secretary

January 31, 1995

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE ANNUAL REPORT SECTION AT (904) 487-6056.

FILING FEE \$200.00

**ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE**

Reminder:

1. Changes in addresses, officers and registered agent must be typed or printed in ink and legible.
2. Include information in Blocks 3 and 4 if not preprinted by the computer.
3. Signature of the proper officer or director as noted in instructions for Block 14.
4. Indicate liability for intangible tax under s. 199.032, Florida Statutes, in Block 8.
5. Submit with total amount due in the form of a separate check for each filing. (Payable in United States Funds through a United States Bank to Department of State) Fee is \$200.00.

- Block 1. Block 1 is preprinted with the corporation's name, document number, mailing address and principal place of business as previously reported to our office. The name of corporation cannot be changed by way of this annual report.
- Block 2. Enter the principal place of business if different from the mailing address, or if it has been changed from what was previously reported, in Block 2.
- Block 2a. If the computer-entered mailing address in Block 1 is incorrect, enter the new mailing address in Block 2a. A Post Office Box is acceptable.
- Block 3. Enter the date of incorporation or qualification with this office if Block 3 is blank.
- Block 3a. Enter the file date of the last filed annual report, if applicable.
- Block 4. Complete Block 4 by entering your Federal Employer Identification (FEI) number or checking in the appropriate box. If "applied for" is preprinted in Block 4, you must now provide the FEI number. For assistance call (904) 487-6056.
- Block 5. Should you desire a certificate reflecting the filing of this report, check the appropriate box in Block 5 and include an additional \$8.75 with your filing fee.
- Block 6. Florida law allows for a voluntary contribution to the State by officers and members of the Cabinet. If you wish to make such a contribution, check the appropriate box in Block 6.
- Block 8. Check the appropriate box. Please direct all correspondence to the Department of State, Tallahassee, Florida 32302-1500.
- Block 9. The law requires that each corporation file a copy of its annual report in Block 10. There is no additional fee if the report is filed with this office.
- Block 10. Enter name of new Registered Agent at the time of filing. THE CORPORATION CANNOT BE ITS OWN REGISTERED AGENT.
- Block 11. The new registered agent must indicate the date of signing in Block 11. No signature is necessary if the agent is the same as in the previous report. If the agent is a different corporation, the person signing must state the name of the corporation and the position held. If the agent is a different corporation, the person signing must state the name of the corporation and the position held.
- Block 12. Block 12 contains the last information reported in Block 13. If there is no change in the information reported in Block 13, enter "N/A".
- Block 13. Block 13 is for changes or additions to the information reported in Block 12. Enter the name of the officer or director in the title line: P=President; V=Vice President; S/D=Secretary/Director; W/T/D=Warranted/Trustee/Director. NOTE: Pursuant to Section 119.07(k), Florida Statutes, an alternate address must be provided. Confidential directors must list street addresses. If there is no street address, enter the mailing address and "N/A".
- Block 14. This report must be signed in Block 14 with an original signature by either the President, Vice President, Secretary, Treasurer or Director of the Corporation that is listed in Block 12, Block 13 if a change, or on an attachment with a street address. If the corporation is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 14 is unacceptable.

Please !!! the Registered Agent and the Secretary's name was changed to Ald and it is Eldridge

The Rest are all Aldridge's

The names are nearly same, they are not Misspelled.

See attached forms

Send only 1995 Preprinted Annual Reports with stub and check to:
Division of Corporations
Annual Reports
Post Office Box 1500
Tallahassee, Florida 32302-1500
Phone Number: (904) 487-6056

Send all other filings and correspondence to this address:
Annual Reports Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314
Street Address (Overnight Delivery):
409 East Gaines Street
Tallahassee, Florida 32399

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will administratively dissolve the corporation if a replacement payment with service charge and annual report are not resubmitted within the prescribed time frame.

FILE NOW. FILING FEE AFTER MARCH 1 IS \$25.00

**CORPORATION
ANNUAL REPORT
1994**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
ALDRIDGE FARMS, INC.

DOCUMENT #
P93000019167 (4)

Mailing Address
**POB 24 POB 1187
MANGO FL 33550-1187**

Principal Place of Business
**11509 E DR MARTIN LUTHER KING JR BLVD
MANGO FL 33550-1187**

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, file through incorrect information and enter correction below.

2. Mailing Address
21 State, Apt. #, etc.
22 City & State
23 Zip

2a. Principal Place of Business
25 State, Apt. #, etc.
27 City & State
29 Zip

24 Country

3. Date Incorporated or Qualified
03/12/1993

3a. Date of Last Report

4. FPI Number
59-3169744

5. Certificate of Status Desired
\$3.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution
\$5.00 May Be Added to Fees

7. Nonprofit Exempt from \$138.75 Supplemental Fee

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes
 Yes No

9. Name and Address of Current Registered Agent

ELDRIDGE GEORGE T
**11509 E DR MARTIN LUTHER KING JR BLVD
MANGO FL 33550-1187**

81 Name
82 Street Add
83
84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Flor for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Ser

SIGNATURE

12. OFFICERS AND DIRECTORS		13.	
11 TITLE	President	11 TITLE	
12 NAME	George Aldridge, Sr	12 NAME	
13 STREET ADDRESS	Giddings Street P.O.Box 69	13 STREET ADDRESS	
14 CITY-ST-ZIP	Mango, FL 33550-0069	14 CITY-ST-ZIP	
21 TITLE	Secretary	21 TITLE	
22 NAME	George T. Eldridge	22 NAME	
23 STREET ADDRESS	5575 58th Street N P.O.Bx.12671	23 STREET ADDRESS	
24 CITY-ST-ZIP	St. Petersburg, FL 33733	24 CITY-ST-ZIP	
31 TITLE	Treasurer	31 TITLE	
32 NAME	George Aldridge, Jr.	32 NAME	
33 STREET ADDRESS	4018 Lakewood Drive P.O.Bx.301	33 STREET ADDRESS	
34 CITY-ST-ZIP	Mango, FL 33550-0301	34 CITY-ST-ZIP	
41 TITLE	Director	41 TITLE	
42 NAME	George Aldridge, Sr	42 NAME	
43 STREET ADDRESS	Giddings St	43 STREET ADDRESS	
44 CITY-ST-ZIP	Mango, FL 33550-0069	44 CITY-ST-ZIP	
51 TITLE	Director	51 TITLE	
52 NAME	George T. Eldridge	52 NAME	
53 STREET ADDRESS	Giddings St	53 STREET ADDRESS	
54 CITY-ST-ZIP	Mango, FL 33550-0069	54 CITY-ST-ZIP	
61 TITLE	Director	61 TITLE	
62 NAME	George Aldridge, Jr.	62 NAME	
63 STREET ADDRESS	4018 Lakewood Drive P.O.Bx.301	63 STREET ADDRESS	
64 CITY-ST-ZIP	Mango, FL 33550-0301	64 CITY-ST-ZIP	

14. I, the undersigned, with full knowledge and authority, with this filing is voluntarily terminated and does not qualify to Director of Corporation, from any liability of non-compliance with Section 119 (7)(3)(b) in the event that the information indicated on this annual report or supplemental annual report is true and accurate and that I have followed all other provisions concerning unperfected property imposed by Chapter 717, Florida Statutes, and that I have followed all other provisions concerning unperfected property imposed by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an affidavit.

SIGNATURE: *George T. Eldridge, Secretary*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FOR DEPOSIT ONLY

FOR THE ORDER OF: *George T. Eldridge*

Pay to the order of: *George T. Eldridge*

4350

4-23 1994

4350

ST. PETERSBURG, FL 33733

5587 - 58TH ST., N. P.O. BOX 12671

ST. PETERSBURG, FL 33733

3-87

4350

03-09/93

24

1 release the her certifi

24

March 3, 1994 (813) 684-3399

As you can clearly see someone in your office took it upon themselves to change the first letter of the last name of the Registered Agent and the Secretary. Changed the 1st letter to an A instead of leaving it with an E.

George Aldridge Sr. has no middle initial.

Where George T. Eldridge does.

*It has been corrected
on the New file form*