

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000019167 (4)
ALDRIDGE FARMS, INC.

Principal Place of Business: 4018 Lake Wood Drive, Seffner, Florida
Mailing Address: P.O. BOX 301, MANGO FL 33550-0301

3. Date incorporated or Created: 03-12-1993
3a. Date of Filing: 1-31-95

2. Principal Place of Business 21 4018 Lakewood Drive Suite, Apt. #, etc.	2a. Mailing Address 26 Post Office Box 301 Suite, Apt. #, etc.	4. FIC Number 59-3169744	Applied Fee FIC Applicable
22 City & State 23 Seffner, Florida 33584 Zip 24 33584	27 City & State 28 Mango, Florida 33550-0301 Zip 29 33550-0301	5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
25 Hillsborough	30 Hillsborough	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Expense
25 Hillsborough		8. This corporation has liability for intangible taxes under the Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent ELDRIDGE, GEORGE T 11509 EAST DR MARTIN LUTHER KING JR BLVD MANGO FL 33550	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD George Aldridge, Sr. 11206 Giddings Street Post Office Box 69 Mango, Florida 33550-0069	1. TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	George Aldridge Sr., President
TITLE NAME STREET ADDRESS CITY, ST, ZIP	S George T. Eldridge 11509 E. DR. M.L.K., Jr. Blvd. Post Office Box 1187 Mango, Florida 33550-1187	2. TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D Patricia J. Aldridge 11206 Giddings Street Post Office Box 69 Mango, Florida 33550-0069	3. TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D George Aldridge, Jr. 4018 Lakewood Drive Post Office Box 301 Mango, Florida 33550-0301	4. TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		5. TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	300001954033 -06/06/96--01084--027 ***800.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		6. TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5-1-96 JK

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(1)(b), Florida Statutes. Further, I 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 effect as if I, as a director, were to appear in Block 12 or Block 13 if changed, or on no attachment with an address.

SIGNATURE: George T. Eldridge Secretary April 29, 1996
George T. Eldridge

CR2E034 (12.95)