

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 03 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000019167 (4)
 1. Corporation Name
ALDRIDGE FARMS, INC.



Principal Place of Business 4018 LAKEWOOD DRIVE SEFFNER FL 33584 US	Mailing Address P.O. BOX 301 MANGO FL 33550-0301 US
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	26 2a. Mailing Address Suite, Apt. #, etc. City & State Zip
22 22. Principal Place of Business Country	27 2a. Mailing Address Country
23 23. Principal Place of Business Country	28 2a. Mailing Address Country
24 24. Principal Place of Business Country	30 30. Principal Place of Business Country

3 3. Date Incorporated or Qualified 03/12/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3169744	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
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
ELDRIDGE, GEORGE T.
11509 E DR MARTIN LUTHER KING JR BLVD
PO BOX 1187
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

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALDRIDGE, GEORGE SR	
STREET ADDRESS	11206 GIDDINGS ST.	
CITY-ST-ZIP	MANGO FL 33550-0089	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ALDRIDGE, GEORGE T	
STREET ADDRESS	11509 E. DR. M.L. KING JR.	
CITY-ST-ZIP	MANGO FL 33550-1187	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALDRIDGE, PATRICIA J.	
STREET ADDRESS	11206 GIDDINGS ST.	
CITY-ST-ZIP	MANGO FL 33550-0089	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALDRIDGE, GEORGE JR	
STREET ADDRESS	4018 LAKEWOOD DR.	
CITY-ST-ZIP	MANGO FL 33550-0301	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	Secretary
2.3 STREET ADDRESS	Correction of Spelling
2.4 CITY-ST-ZIP	George T. Eldridge with an E not an A
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	on the Secretary only
3.3 STREET ADDRESS	Your office changed spelling - see copy
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 receiver or trustee empowered 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 attachment with an address.

SIGNATURE _____ DATE **05-19-97** **607-1996-7511**

13PR2E034 (4/97)