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Jan 26, 1999 8:00am
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DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000019167

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

2. Principal Place of Business (21-23) and Mailing Address (2a-24) fields.

3. Date Incorporated or Qualified: 03/12/1993

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

8. This corporation owes the current year Intangible Personal Property Tax: Yes 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 (81-85)

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALDRIDGE, GEORGE SR	
STREET ADDRESS	11206 GIDDINGS ST.	
CITY-ST-ZIP	MANGO FL 33550-0069	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ELDRIDGE, GEORGE T	
STREET ADDRESS	11509 E. DR. M.L. KING JR.	
CITY-ST-ZIP	MANGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALDRIDGE, PATRICIA J.	
STREET ADDRESS	11206 GIDDINGS ST.	
CITY-ST-ZIP	MANGO FL 33550-0069	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
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 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, with all other like empowered.

SIGNATURE: _____ DATE: 1-5-99 DAYTIME PHONE #: 613-645-7514

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)