2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

TURE AND TYPED OR

NTED NAME OF SIGNING OFFICER OR DIRECTO

Apr 14, 2004 8:00 am Secretary of State DOCUMENT # P98000045599 1. Entity Name 04-14-2004 90049 008 ***158.75 ALICO MINING, INC. Principal Place of Business Mailing Address 5672 STRAND COURT 5672 STRAND COURT STE 1 NAPLES FL 34110 NAPLES FL 34110 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-3517185 Not Applicable Country Zip \$8.75 Additional Zin Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NAPLES-LAWDOCK, INC. Street Address (P.O. Box Number is Not Acceptable) 4501 TAMIAMI TRAIL NORTH, SUITE 300 ant NAPLES FL 34103 aplea 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE stered agent and title if applicable FILE(NØW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. VD TITLE TITLE ☐ Delete HARDY ROBER NAME HARDY, ROBERT S NAME 5672 Strand Court, Suite 1 5692 STRAND COURT #3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34110 CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE ST TITLE NAME KELLY, JANET NAME 5672 STRAND COURT #1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 . Change ☐ Addition ☐ Delete TITLE PD HARDY Robert Pau Stera Strand Court HARDY, ROBERT P NAME NAME STREET ADDRESS 5692 STRAND COURT #1 STREET ADDRESS NAPLES FL 34110 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition -TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED