FORM 3

(Print or Type Responses)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL OMB 3235 Number: 0104 Expires: November 30, Estimated average burden hours per 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Repo Person - Troutman Baxter G.	Requ (Mor	ate of Event uiring Stater hth/Day/Yea			3. Issuer Name and Ticker or Trading Symbol ALICO INC [alco]				
P.O. BOX 1043	0 //1	-07/15/2004		Person(s) to			5. If Amendment, Date Original Filed(Month/Day/Year)		
(Street) WINTER HAVEN, FL 3388	32			(Check _X_ Director _ Officer (stitle below)	give Othe	applicable)10% OwnerOther (specify below)		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person	
(City) (State) (Z	ip)	Table	I - N	on-Derivativ	e Securitie	es Be	eneficial	ly Owned	
1.Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Alico, Inc., Common Stock			600		D				
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02) Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number. Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 4)	2. Date Exe	ate Exercisable Expiration Date		3. Title and Amount of Securities Underlyin Derivative Security (Instr. 4)		5. ion O	5. n Ownership e Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date		Amount or Number of Shares	Derivativ Security			D) ect	
Reporting Owners									

Banasting Owner Name / Address	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Troutman Baxter G. P.O. BOX 1043 WINTER HAVEN, FL 33882	Х				

Signatures

Baxter G. Troutman		07/16/2004
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-Signature of Reporting Person	Date	

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.