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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

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-05/04/95--01111--001  
\*\*\*4800.00 \*\*\*\*200.00**

DO NOT WRITE IN THIS SPACE

**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # 856907 (1)**

1. Corporation Name  
**NUTRI-TURF, INC.**

Principal Place of Business Mailing Address

**ATTN: CORPORATE TAX DEPT.  
ONE BUSCH PLACE  
ST LOUIS MO 63118-8852**

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ONE BUSCH PLACE  
ST LOUIS MO 63118-8852**

3. Date Incorporated or Qualified **06/24/1983** 3a. Date of Last Report **04/29/1994**

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt # etc 26. Suite, Apt #, etc

22. City & State 27. City & State

4. FEI Number **43-1293560** Applied For  Not Applicable

23. City & State 28. City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

24. City 25. County 29. City 30. County

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under S 199 (3)(2), Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b>
NAME	<b>GOFF, RAYMOND E.</b>
STREET ADDRESS	<b>ONE BUSCH PLACE</b>
CITY, ST, ZIP	<b>ST LOUIS MO</b>
TITLE	<b>P</b>
NAME	<b>KLOTH, DONALD W.</b>
STREET ADDRESS	<b>ONE BUSCH PLACE</b>
CITY, ST, ZIP	<b>ST LOUIS, MO 00000</b>
TITLE	<b>VM</b>
NAME	<b>ANDERSON, MELVERN K.</b>
STREET ADDRESS	<b>ONE BUSCH PLACE</b>
CITY, ST, ZIP	<b>ST LOUIS, MO 00000</b>
TITLE	<b>T</b>
NAME	<b>THAYER, GERALD C.</b>
STREET ADDRESS	<b>ONE BUSCH PLACE</b>
CITY, ST, ZIP	<b>ST LOUIS MO</b>
TITLE	<b>S</b>
NAME	<b>REEVES, LAURA H.</b>
STREET ADDRESS	<b>ONE BUSCH PLACE</b>
CITY, ST, ZIP	<b>ST LOUIS MO</b>
TITLE	<b>AS</b>
NAME	<b>THOMAS, GEORGE S.</b>
STREET ADDRESS	<b>ONE BUSCH PL.</b>
CITY, ST, ZIP	<b>ST. LOUIS MO</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

**Schedule Attached**

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

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 110.07(3)(b), 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: *Laura H. Reeves* **Laura H. Reeves, Secretary**

4/21/95 Date 314-577-2359 Telephone Number

**NUTRI-TURF, INC.**

(Business Address: One Busch Place, St. Louis, MO 63118)

**OFFICERS**

Donald W. Kloth	Chairman of the Board and Chief Executive Officer
Melvern K. Anderson	President
William J. Kimmins	Treasurer
Albert R. Wunderlich	Tax Controller
Laura H. Reeves	Secretary
George S. Thomas	Assistant Secretary
Richard N. Hill	Assistant Treasurer

**DIRECTORS**

Melvern K. Anderson  
Gary N. Bovard  
Larry W. Keith  
Donald W. Kloth  
Vacancy

EFFECTIVE DATE 5/1/94