


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 856907 (1)

1. Corporation Name
NUTRI-TURF, INC.

Principal Place of Business ATTN: CORPORATE TAX DEPT. ONE BUSCH PLACE ST LOUIS MO 63118-6852	Mailing Address ATTN: CORPORATE TAX DEPT. ONE BUSCH PLACE ST LOUIS MO 63118-6852
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/24/1983	
21	22	26	27	4. FEI Number 43-1293560	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	28	29	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOFF, RAYMOND E.	1.2 NAME	
STREET ADDRESS	ONE BUSCH PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	1.4 CITY-ST-ZIP	Schedule Attached
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLOTH, DONALD W.	2.2 NAME	
STREET ADDRESS	ONE BUSCH PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS, MO 00000	2.4 CITY-ST-ZIP	
TITLE	VM <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, MELVERN K.	3.2 NAME	
STREET ADDRESS	ONE BUSCH PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS, MO 00000	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THAYER, GERALD C.	4.2 NAME	
STREET ADDRESS	ONE BUSCH PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REEVES, LAURA H.	5.2 NAME	
STREET ADDRESS	ONE BUSCH PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, GEORGE S.	6.2 NAME	
STREET ADDRESS	ONE BUSCH PL.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	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.

CR2E034 (10/97)

NUTRI-TURE, 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
Laura H. Reeves	Secretary
George S. Thomas	Assistant Secretary
David C. Sauerhoff	Assistant Treasurer
John D. Castagno	Tax Controller

DIRECTORS

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

Effective 12/1/97