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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DEVISION OF CORPORATIONS

1996

DOCUMENT # F9500001989 (1)

SCOTTS' MIRACLE-GRO PRODUCTS, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

14111 SCOTTSLAWN RD MARYSVILLE OH 43041

2. Principal Place of Business

21

14111 SCOTTSLAWN RD MARYSVILLE OH 43041



3a. Date of Last Report

Applied For

3. Date Incorporated or Qualified

94-4499004

04/24/1995

4. FEI Number

	·				3171433094		Not Applicable	
Suite, Apt. (Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required		
City & State		Oity & State			Election Campaign Financing Trust Fund Contribution		55.00 May Be Added to Fees	
Zip	Country	Zip	Countr	у У	8. This corporation has liability for	·	· · · · · · · · · · · · · · · · · · ·	
4	25	29	30		Florida Statutes 🛣 Yes	s 🔲 No		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New F	Registered Ager	nt	
				Name	ame			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION FL 33324			82	Street Addr	ress (P.O. Box Number is Not Acceptate	ble'		
			83	83				
			84	24 C4				
				1		FL 85	'	
Or register	o the provisions of Sections 607,0502 a ed agent, or both, in the State of Florida th, and accept the obligations of, Section	T SOUTH CHAPTER WAS BEHOOF.	zea ov me com	tiarned curpor peration's hoar	ation submits this statement for the purific of directors. I hereby accept the app	rpose of changing pointment as regis	g its registered office tered agent. I am	
· · · · · · · · · · · · · · · · · · ·	Signature ity, ed or professingree of regularies against a		Olt Holpbered Age	etsgraften og en	division tenant stregt	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	CTORS IN 12	
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AME	HOST, THEODORE J		2.2 NAME					
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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 Onapter 607, Florida Statutes, and that my name appears in Block 12 or Block 12 in shanged, or on an attachment with an address.

SIGNATURE:

JAMES HAGE DURN, V- PRESIDENT 4-22-46

513-644-0011