

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000001989 (1)

1. Corporation Name

SCOTT'S MIRACLE-GRO PRODUCTS, INC.



Principal Place of Business

14111 SCOTTS LAWN RD
MARYSVILLE OH 43041

Mailing Address

14111 SCOTTS LAWN RD
MARYSVILLE OH 43041

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

3. Date Incorporated or Qualified

04/24/1995

3a. Date of Last Report

4. FEI Number

31-1433894

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

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 607.0502 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

Signature, typed or printed name of registered agent and the mailing address

Signature, typed or printed name of registered agent and the mailing address

DATE

12. OFFICERS AND DIRECTORS

TITLE CCEO ☐ DELETE

NAME HAGEDORN, HORACE
STREET ADDRESS 800 PORT WASHINGTON BLVD
CITY-STATE-ZIP PORT WASHINGTON NY 11050

TITLE D ☒ DELETE

NAME HOST, THEODORE J
STREET ADDRESS 14111 SCOTTS LAWN RD
CITY-STATE-ZIP MARYSVILLE OH 43041

TITLE D ☐ DELETE

NAME SEITZ, TADD C
STREET ADDRESS 14111 SCOTTS LAWN RD
CITY-STATE-ZIP MARYSVILLE OH 43041

TITLE PCOO ☐ DELETE

NAME KENLON, JOHN
STREET ADDRESS 800 PORT WASHINGTON BLVD
CITY-STATE-ZIP PORT WASHINGTON NY 11050

TITLE V ☐ DELETE

NAME HAGEDORN, JAMES
STREET ADDRESS 800 PORT WASHINGTON BLVD
CITY-STATE-ZIP PORT WASHINGTON NY 11050

TITLE ST ☒ DELETE

NAME WALLEY, CRAIG D
STREET ADDRESS 14111 SCOTTS LAWN RD
CITY-STATE-ZIP MARYSVILLE OH 43041

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11.1 TITLE

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

11.1 TITLE

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

11.1 TITLE

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

11.1 TITLE

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

11.1 TITLE

12. NAME

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14. CITY-STATE-ZIP

11.1 TITLE

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

11.1 TITLE

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

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 119.07(3)(k), 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 unchanged, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES HAGEDORN, V-PRESIDENT 4-22-96

513-644-0011

CR2E034 (12/95)