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FILED

May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000001989 (1)

1. Corporation Name

SCOTTS' MIRACLE-GRO PRODUCTS, INC.

Principal Place of Business

Mailing Address

14111 SCOTSLAWN RD
MARYSVILLE OH 43041

14111 SCOTSLAWN RD
MARYSVILLE OH 43040-9506



3. Date Incorporated or Qualified

04/24/1995

3a. Date of Last Report

05/01/1996

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CCEO	<input type="checkbox"/> DELETE
NAME	HAGEDORN, HORACE	
STREET ADDRESS	800 PORT WASHINGTON BLVD	
CITY-ST-ZIP	PORT WASHINGTON NY 11050	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SEITZ, TADD C	
STREET ADDRESS	14111 SCOTSLAWN RD	
CITY-ST-ZIP	MARYSVILLE OH 43041	
TITLE	PCOO	<input type="checkbox"/> DELETE
NAME	KENLON, JOHN	
STREET ADDRESS	800 PORT WASHINGTON BLVD	
CITY-ST-ZIP	PORT WASHINGTON NY 11050	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HAGEDORN, JAMES	
STREET ADDRESS	800 PORT WASHINGTON BLVD	
CITY-ST-ZIP	PORT WASHINGTON NY 11050	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TREASURER
2.3 STREET ADDRESS	RICHARD BERGUM
2.4 CITY-ST-ZIP	19285 NORTHWEST PARKWAY
	MARYSVILLE, OH 43046
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	EXEC. V-PRES.
5.3 STREET ADDRESS	CHARLES M. BERGER
5.4 CITY-ST-ZIP	147 E. DESCHLER
	COLUMBUS, OH 43206
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SECRETARY
6.3 STREET ADDRESS	CHRISTIANE W. SCHMENK
6.4 CITY-ST-ZIP	615 TIMBERVIEW DR
	MARYSVILLE, OH 43040

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-97 937-644-0011

CR2E034 (9/96)