

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 # P04829 (8)

1. Corporation Name

VIGORO INDUSTRIES, INC.



Principal Place of Business

6 EXECUTIVE DRIVE
PO BOX 1986
COLLINSVILLE IL 62234
US

Mailing Address

6 EXECUTIVE DR
PO BOX 1986
COLLINSVILLE IL 62234
US

3. Date Incorporated or Qualified

01/29/1985

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

58-1599501

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

TITLE ☐ DELETE

NAME
D SULLIVAN, JOSEPH P.
STREET ADDRESS
175 E. DELAWARE APT 6805
CITY - ST - ZIP
CHICAGO IL

TITLE ☒ DELETE

NAME
D SEATON, CHARLES E.
STREET ADDRESS
11 ROOKERY DRIVE
CITY - ST - ZIP
SAVANNAH GA

TITLE ☐ DELETE

NAME
PD VAN PATTEN, ROBERT M.
STREET ADDRESS
3 FAIRWAY DRIVE
CITY - ST - ZIP
EDWARDSVILLE IL

TITLE ☒ DELETE

NAME
D PROOPS, JAY D.
STREET ADDRESS
10 LONGMEADOW ROAD
CITY - ST - ZIP
WINNETKA IL

TITLE ☐ DELETE

NAME
T HOLLER, GLENN J.
STREET ADDRESS
226 GRIMSLEY STA BLUFF DR
CITY - ST - ZIP
ST LOUIS MO

TITLE ☒ DELETE

NAME
D HUBER, JOHN U
STREET ADDRESS
23360 REDWING PLACE
CITY - ST - ZIP
BARRINGTON IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6.1 TITLE ☐ Change ☒ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

3003 SUNSET HILLS BLVD. S.

S
ROSE MARIE WILLIAMS
909 N COVE DR
PALATINE, IL 60067

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4-26-96 (618)346-7361

Date

Daytime Phone #

CR2E034 (12/95)