

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

99 DEC 22 PM 4:47

DOCUMENT # P39288 (6)
 1. Corporation Name
 CENTRAL GARDEN & PET COMPANY

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT 98-99
 DO NOT WRITE IN THIS SPACE

Principal Place of Business: 3697 MT DIABLO BLVD STE 310 LAFAYETTE CA 93549 US
 Mailing Address: 3697 MT DIABLO BLVD STE 310 DALLAS TX 75265-5650 US

3. Date Incorporated or Qualified: 06/17/1992
 4. FEI Number: 68-0275553 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes [checked] No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: C T CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND ROAD, PLANTATION FL 33324

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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 607.0503, Florida Statutes.
 SIGNATURE: NASEEM A. CONDE 12/20/99
 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 | PD | <input type="checkbox"/> DELETE |
| NAME | NOVOTNY, GLENN W. | |
| STREET ADDRESS | 3697 MT DIABLO BLVD STE 310 | |
| CITY-ST-ZIP | LAFAYETTE CA | |
| TITLE | VS | <input type="checkbox"/> DELETE |
| NAME | HINES, NEILL J. | |
| STREET ADDRESS | 3697 MT DIABLO BLVD STE 150 | |
| CITY-ST-ZIP | LAFAYETTE CA | |
| TITLE | CEO | <input type="checkbox"/> DELETE |
| NAME | WILLIAM E. BROWN | |
| STREET ADDRESS | 3697 MT DIABLO BLVD STE 310 | |
| CITY-ST-ZIP | LAFAYETTE CA | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | ROBERT B. JONES | |
| STREET ADDRESS | 3697 MT DIABLO BLVD STE 310 | |
| CITY-ST-ZIP | LAFAYETTE CA | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. SPECIAL ASSIGNMENTS TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | 800003107018--0 |
| 1.3 STREET ADDRESS | -01/21/00--01103--015 |
| 1.4 CITY-ST-ZIP | *****8.75 *****8.75 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | 800003107018--0 |
| 2.3 STREET ADDRESS | -01/21/00--01103--016 |
| 2.4 CITY-ST-ZIP | ****900.00 ****900.00 |
| 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 type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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.

SIGNATURE: *Robert B. Jones* 11/20/98 (21) 299.7116
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #