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FILED
May 02 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 # P39288 (6)

1. Corporation Name
CENTRAL GARDEN & PET COMPANY



Principal Place of Business: **3620 HAPPY VALLEY ROAD LAFAYETTE CA 93549**

Mailing Address: **P.O. BOX 655650 DALLAS TX 75265-5650**

2. Principal Place of Business: **3697 Mt Diablo Blvd Lafayette Ca 94549**

2a. Mailing Address: **3697 Mt Diablo Blvd Lafayette, Ca 94549**

3. Date Incorporated or Qualified: **06/17/1992**

3a. Date of Last Report: **04/23/1996**

4. FEI Number: **68-0275553**

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

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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVOTNY, GLENN W.	1.2 NAME	
STREET ADDRESS	3620 HAPPY VALLEY ROAD	1.3 STREET ADDRESS	3697 Mt Diablo Blvd, Ste 150
CITY-ST-ZIP	LAFAYETTE CA	1.4 CITY-ST-ZIP	Lafayette, Ca 94549
TITLE	VS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINES, NEILL J.	2.2 NAME	
STREET ADDRESS	3620 HAPPY VALLEY ROAD	2.3 STREET ADDRESS	3697 Mt Diablo Blvd, Ste 150
CITY-ST-ZIP	LAFAYETTE CA	2.4 CITY-ST-ZIP	Lafayette, Ca 94549
TITLE	CEO	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM E. BROWN	3.2 NAME	
STREET ADDRESS	3620 HAPPY VALLEY RD.	3.3 STREET ADDRESS	3697 Mt Diablo Blvd, Ste 310
CITY-ST-ZIP	LAFAYETTE CA	3.4 CITY-ST-ZIP	Lafayette, Ca 94549
TITLE	V	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT B. JONES	4.2 NAME	
STREET ADDRESS	3620 HAPPY VALLEY RD.	4.3 STREET ADDRESS	3697 Mt Diablo Blvd, Ste 310
CITY-ST-ZIP	LAFAYETTE CA	4.4 CITY-ST-ZIP	Lafayette, Ca 94549
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 (570) 283-4573

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)