

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 # P08698 (3)
1. Corporation Name
BOB EVANS FARMS, INC.



Principal Place of Business: **3776 HIGH STREET P.O. BOX 07863, STA. G COLUMBUS OH 43207**
Mailing Address: **3776 HIGH STREET P.O. BOX 07863, STA. G COLUMBUS OH 43207**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/13/1986	3a. Date of Last Report 05/31/1995
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 31-1156934	Applied For Not Applicable
23. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, DANIEL E	1.2 NAME	
STREET ADDRESS	300 BOWEN RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CANAL WINCHESTER OH	1.4 CITY-ST-ZIP	
TITLE	CFO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADKOSKI, DONALD J.	2.2 NAME	
STREET ADDRESS	837 CHERRYBOTTOM RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAHANNA OH	2.4 CITY-ST-ZIP	
TITLE	COO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, STEWART K.	3.2 NAME	
STREET ADDRESS	8190 CROSSGATE CT., N.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORBIN, LARRY C	4.2 NAME	
STREET ADDRESS	5160 HAUGHN RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	GROVE CITY OH	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRINGTON, JUDY D /ASST	5.2 NAME	
STREET ADDRESS	6111 CATAWBA DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	GROVE CITY OH	5.4 CITY-ST-ZIP	
TITLE	VAT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCHOLLAND, DAVID P.	6.2 NAME	
STREET ADDRESS	6955 STARFIRE DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	REYNOLDSBURG OH	6.4 CITY-ST-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 if changed, or on an attachment with an address.

SIGNATURE: *David P. McHolland, VP*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **DAVID P. MCHOLLAND**
Date: **4-30-96** Daytime Phone #: **(614) 491-2225**

CR2E034 (12/95)