

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 43207-0863
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/13/1986	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 31-1156934	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CSD <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 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, changed, or on an attachment with an address.

SIGNATURE: *David P. McHolland* **DAVID P. MCHOLLAND**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **4-28-97** (614) 499-2225 Daytime Phone #

CR2E034 (9/96)