

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:52**

DOCUMENT # P10982 (7)

1. Corporation Name
RYAN'S FAMILY STEAK HOUSES, INC.

Principal Place of Business Mailing Address
P O BOX 100 GREER SC 29652 P O BOX 100 GREER SC 29652

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/31/1986** 3a. Date of Last Report **03/03/1994**
4. FEI Number **57-0657895** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 29 Zip Country

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

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

TITLE	PC
NAME	WAY, CHARLES D.
STREET ADDRESS	405 LANCASTER AVE.
CITY-ST-ZIP	GREER, SC.
TITLE	V
NAME	JAMISON, JACK
STREET ADDRESS	405 LANCASTER AVE.
CITY-ST-ZIP	GREER, SC.
TITLE	V
NAME	HART, RANDY
STREET ADDRESS	405 LANCASTER AVE.
CITY-ST-ZIP	GREER, SC.
TITLE	S
NAME	GLEITZ, JANET
STREET ADDRESS	405 LANCASTER AVE.
CITY-ST-ZIP	GREER, SC.
TITLE	V
NAME	MCCRANIE, ED
STREET ADDRESS	405 LANCASTER AVE.
CITY-ST-ZIP	GREER, SC.
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Graham, Morgan	
1.3 STREET ADDRESS	405 Lancaster Ave.	
1.4 CITY-ST-ZIP	Greer, SC 29650	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Shaw, Alan E.	
2.3 STREET ADDRESS	405 Lancaster Ave.	
2.4 CITY-ST-ZIP	Greer, SC 29650	
3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Grant, Fred T., Jr.	
3.3 STREET ADDRESS	405 Lancaster Ave.	
3.4 CITY-ST-ZIP	Greer, SC 29650	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1 (b)(7)(3)(A), 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 addition or with an addition.

SIGNATURE: *Janet J. Gleitz*
TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
Janet J. Gleitz

Date **3/16/95** (803) 879-1000