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Mar 25 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 # 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 29652-0100

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 State, Assn #, etc.		26 Suite, Apt. #, etc.		07/31/1986	03/25/1996
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		57-0657895	Not Applicable
24 Country		30 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
				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				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

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's signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	VP
NAME	GRAHAM, MORGAN	1.2 NAME	Jamism, Jack
STREET ADDRESS	405 LANCASTER AVE.	1.3 STREET ADDRESS	405 Lancaster Avenue
CITY-ST-ZIP	GREER, SC.	1.4 CITY- ST-ZIP	Greer SC 29650
TITLE	VP	2.1 TITLE	VP
NAME	SHAW, ALAN E	2.2 NAME	Hart, Randy
STREET ADDRESS	405 LANCASTER AVE.	2.3 STREET ADDRESS	405 Lancaster Avenue
CITY- ST-ZIP	GREER, SC.	2.4 CITY- ST-ZIP	Greer SC 29650
TITLE	T	3.1 TITLE	VP
NAME	GRANT, FRED T JR	3.2 NAME	ILene Turbow
STREET ADDRESS	405 LANCASTER AVE.	3.3 STREET ADDRESS	405 LANCASTER AVENUE
CITY- ST-ZIP	GREER, SC.	3.4 CITY- ST-ZIP	Greer SC 29650
TITLE	S	4.1 TITLE	
NAME	GLEITZ, JANET	4.2 NAME	
STREET ADDRESS	405 LANCASTER AVE.	4.3 STREET ADDRESS	
CITY- ST-ZIP	GREER, SC.	4.4 CITY- ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	MCCRANIE, ED	5.2 NAME	
STREET ADDRESS	405 LANCASTER AVE.	5.3 STREET ADDRESS	
CITY- ST-ZIP	GREER, SC.	5.4 CITY- ST-ZIP	
TITLE	PD	6.1 TITLE	
NAME	WAY CHARLES D	6.2 NAME	
STREET ADDRESS	405 LANCASTER AVE	6.3 STREET ADDRESS	
CITY- ST-ZIP	GREER SC	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 contained 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, as changed, or on an attachment to this report.

SIGNATURE: *Janet Gleitz* 3/19/97 (864) 879-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE

CR2E034 (9/96)