

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

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**Mar 03 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P10982 (7)

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

Principal Place of Business P O BOX 100 GREER SC 29652	Mailing Address P O BOX 100 GREER SC 29652
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/31/1986	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 57-0657895		Applied For 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		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	GRAHAM, MORGAN	
STREET ADDRESS	405 LANCASTER AVE.	
CITY-ST-ZIP	GREER, SC.	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SHAW, ALAN E	
STREET ADDRESS	405 LANCASTER AVE.	
CITY-ST-ZIP	GREER, SC.	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GRANT, FRED T JR	
STREET ADDRESS	405 LANCASTER AVE.	
CITY-ST-ZIP	GREER, SC.	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GLEITZ, JANET	
STREET ADDRESS	405 LANCASTER AVE.	
CITY-ST-ZIP	GREER, SC.	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCCRANIE, ED	
STREET ADDRESS	405 LANCASTER AVE.	
CITY-ST-ZIP	GREER, SC.	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WAY CHARLES D	
STREET ADDRESS	405 LANCASTER AVE	
CITY-ST-ZIP	GREER SC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jamison, Jack	
1.3 STREET ADDRESS	405 LANCASTER AVENUE	
1.4 CITY-ST-ZIP	Greer SC 29650	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Hart, Randy	
2.3 STREET ADDRESS	405 LANCASTER AVENUE	
2.4 CITY-ST-ZIP	Greer SC 29650	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Turbow, I Lene	
3.3 STREET ADDRESS	405 LANCASTER AVENUE	
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 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 if changed, or on an attachment with an address.

SIGNATURE _____ DATE **2/26/98** **864 879 1000**

CP2E034 (10/97)