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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9300003285 (4)

## FILED Mar 03 1998 8:00am Secretary of State

RYAN'S	S FAMILY STEAK HOUSES	EAST, INC.			
Principal Plac	ce of Business	Mailing Address			00100 <del>1</del> 1110 11003 10101 0111 1001
405 LANCASTER AVENUE 405 LANCASTER AVENUE GREER SC 29650 GREER SC 29650					
				DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified 07/14/1993	
<b>⊢</b> — '	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		57-0968003	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & Sta		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	<b>—</b> ' — "
24	25	29	30	Personal Property Tax due June 30.	Yes No
٠.	9. Name and Address of Current T CORPORATION SYSTEM	r negisterea Agent	B1 Name	10. Name and Address of New Registere	ea Agent
	00 SOUTH PINE ISLAND ROAD		oi Ivanie		
PLANTATIO FL 33324			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
70	ANIANO FL 33324		83		
			00		
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607 860	2 and 607 1509 Florida Statute	o the above named core		
office or r agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obliga-	of Florida. Such change was a ations of, Section 607.0505, Flo	uthorized by the corporal rida Statutes.	coration submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as registered
DIGITATORE	Signature, typed or printed name of registered age		: Registered Agent signature requir		
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD NAV CHADITO D	DELETE	1.1 TITLE		Change Addition
NAME	WAY, CHARLES D 405 LANCASTER AVENUE		1.2 NAME		
STREET ADDRESS	GREER SC 29650		1.3 STREET ADDRESS		
CITY-ST-ZIP	U 29030		1.4 CATY - ST - ZIP		
TITLE	<u> </u>	DELET <b>E</b>	2.1 TITLE		Change Addition
NAME	SHAW, ALAN E 405 LANCASTER AVENUE		2.2 NAME		
STREET ADDRESS	GREER SC 29650		2.3 STREET ADDRESS	**	
CITY-ST-ZIP	S 29050	T nei ere	2. 4 CITY - ST - ZIP		Ohana Filaday
TITLE	GLEITZ, JANET J	☐ DELETE	3.1 TITLE		Change Addition
NAME	405 LANCASTER AVENUE		3.2 NAME		
STREET ADDRESS	GREER SC 29650		3.3 STREET ADDRESS		
CITY-ST-ZIP	1D	DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE	GRANT, FRED T JR	☐ breeze	4.1 TITLE		Change Addition
NAME OXDEET ADDDESSE	405 LANCASTER AVENUE		4. 2 NAME		
STREET ADDRESS	GREER SC 29650		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME	MCCRAINE, G EDWIN	oricic	5.2 NAME		C Ostarião (C) Madrillos
STREET ADDRESS	405 LANCASTER AVE				
	GREER SC		5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	OI LETT OO	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		CT CHANGE CT WOOMBOIL
STREET ADDRESS					
			6.3 STREET ADDRESS		
CITY-ST-ZIP	portify that the information a upplied wi		6.4 CITY-ST-ZIP	Continue 140 07/20(i) Florida Cintutas 14 with a	

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 changing, or on an attachment with an address.

CICNATURE.

2/25/08 80/870100