05-06-1999 90285 004 *1,200.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name THE BOB EVANS GROUP, INC.								114	SIBIRI BU B	al l ofth c	F1 1016 19	14 BIJAK BIJ	E 111 11		8 11 8 18)(1881	
Principal Place 2837 21ST AVE		-	Mailing Address 1837 21ST AVENUE. NORTH													
ST. PETERSBUR	IG FL 33713	ST. PETERSBURG FL 33713			DO NOT WRITE IN THIS SPACE											
								Date Inc	orporate	d or Qua		111110				
Principal Place of Business 2a. Mailing Address					1			4. FEI Number						App	lied For	
21		26						59-008	<u> 5279</u>						Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional Fee Required									
City & State	э	City &	City & State				6. Election Campaign Financing					١	\$5.00 May Be			
23 28				<u> </u>			_	Trust Fu						ded to	Fees	
Zip	Country	Zip	├ `				8.		•		current y		ngible □ Yes		□No	
24 25 29 30 30 9. Name and Address of Current Registered Agent							Personal Property Tax. 10. Name and Address of New Registered A									
	9. Name and Address of Currer	it Registered A	gent	81	N	lame		1141110	ila Caa	000 0: 10	ew regi	JECT	3			
PATERI, LIZ					L											
2837 21ST AVENUE NORTH					S	Street Add	Iress (P	.O. Box	Number	IS Not Ac	ceptable)					
ST. PETERSBURG FL 33713				83	\vdash											
					Ļ								TosT	Zip C	nde	
				84	"	City						FL	85	Zip C		
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such	n change was autho	orized by	ine	amed cor corporat	poration ion's bo	n submits pard of di	this sta rectors.	ement fo hereby	r the purp accept the	oose of o	hangi tment	ng its r as reg	egistered istered	
SIGNATURE	Short as broad as printed page of societors diggs	ent and title if nonlicable	, /NOTE: Re	gistered Agen	nt eva	nature requir	ed when n	einstating)				DATE				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 12. OFFICERS AND DIRECTORS 13.					in bry	materia regen			NS/CHA	NGES TO	OFFICE	RS ANI	DIR/	ECTO	RS IN 12	
TITLE	D			1.1 TITLE									Ch		Addition	
NAME	EVANS, ROBERT W.	1.2 N		1.2 NAME	1.2 NAME											
STREET ADDRESS	2837 21ST AVE., NORTH 1.3 S		1.3 STREET	T ADI	DRESS											
CITY-ST-ZIP	ST. PETERSBURG FL 140			1.4 CITY-ST	1.4 CITY-ST-ZIP											
TITLE	D	DELETE 2.1 TI			.1 TITLE								□] Ch	ange	☐ Addition	
NAME	Pateri, Elizabeth	2.2 N			.2 NAME										,	
STREET ADDRESS	2001 2101 1112 11011111			2.3 STREET ADDRESS												
CITY-ST-ZIP				2.4 CITY-S	2.4 CITY-ST-ZIP			<u></u>								
TITLE	☐ DELETE 3.11		3.1 TITLE	3.1 TITLE								Ch	ange	☐ Addition		
NAME				3.2 NAME	νE											
STREET ADDRESS	STREET ADDRESS 3.3 S			3.3 STREET	3.3 STREET ADDRESS											
CITY-ST-ZIP					4. CITY-ST-ZIP										- Addition	
TITLE			☐ DELETE	4.1 TITLE		}							∏] Ch	ange	Addition	
NAME	1			4.2 NAME		ì										

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, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZYP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

DELETE

Change

Change

Addition

☐ Addition