

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P08698

(3)

1. Corporation Name

BOB EVANS FARMS, INC.



Principal Place of Business

3776 HIGH STREET
P.O. BOX 07863, STA. G
COLUMBUS OH 43207

Mailing Address

3776 HIGH STREET
P.O. BOX 07863, STA. G
COLUMBUS OH 43207

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified
01/13/1986

3a. Date of Last Report
05/31/1995

4. FEI Number

31-1156934

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

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

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 ☐ DELETE

NAME
CSD
EVANS, DANIEL E
STREET ADDRESS
300 BOWEN RD
CITY-ST-ZIP
CANAL WINCHESTER OH

TITLE ☐ DELETE

NAME
CFO
RADKOSKI, DONALD J.
STREET ADDRESS
837 CHERRYBOTTOM RD.
CITY-ST-ZIP
GAHANNA OH

TITLE ☐ DELETE

NAME
COO
OWENS, STEWART K.
STREET ADDRESS
8190 CROSSGATE CT., N.
CITY-ST-ZIP
DUBLIN OH

TITLE ☐ DELETE

NAME
VD
CORBIN, LARRY C
STREET ADDRESS
5160 HAUGHN RD
CITY-ST-ZIP
GROVE CITY OH

TITLE ☐ DELETE

NAME
S
HARRINGTON, JUDY D /ASST
STREET ADDRESS
6111 CATAWBA DR
CITY-ST-ZIP
GROVE CITY OH

TITLE ☐ DELETE

NAME
VAT
MCHOLLAND, DAVID P.
STREET ADDRESS
6955 STARFIRE DR.
CITY-ST-ZIP
REYNOLDSBURG OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 119.07(3)(k), 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:

David P. McHolland, VP
DAVID P. MCHOLLAND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96 (614) 481-2225

Date

Daytime Phone #

CR2E034 (12/95)