

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/13/1986

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CSD	<input type="checkbox"/> DELETE
NAME	EVANS, DANIEL E	
STREET ADDRESS	300 BOWEN RD	
CITY - ST - ZIP	CANAL WINCHESTER OH	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	RADKOSKI, DONALD J.	
STREET ADDRESS	837 CHERRYBOTTOM RD.	
CITY - ST - ZIP	GAHANNA OH	
TITLE	COO	<input type="checkbox"/> DELETE
NAME	OWENS, STEWART K.	
STREET ADDRESS	8190 CROSSGATE CT., N.	
CITY - ST - ZIP	DUBLIN OH	
TITLE	VO	<input type="checkbox"/> DELETE
NAME	CORBIN, LARRY C	
STREET ADDRESS	5160 HAUGHN RD	
CITY - ST - ZIP	GROVE CITY OH	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HARRINGTON, JUDY D /ASST	
STREET ADDRESS	6111 CATAWBA DR	
CITY - ST - ZIP	GROVE CITY OH	
TITLE	VAT	<input type="checkbox"/> DELETE
NAME	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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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: *David P. Mcholland* ASST. SEC. OF

4-22-98 (614) 491-2225

CR2E034 (10/97)