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May 06, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P08698

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

DAVID P. MCHOLLAND, VP OF TAX
4-29-99 (614) 491-2225

Date

Daytime Phone #

CR2E034 (11/98)

0525345