## 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 #

(7)

RYAN'S FAMILY STEAK HOUSES, INC.

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

TITAL O TANIET OFERN TIOSOES, INC.													
Principal Place of Business				Mailing Address									
P O BOX 100				P O BOX 100					-				
GREER SC 29652				GREER SC 29652					DO NOT WRITE I	N THIS S	PACE		
ļ									3. Date Incorporated or Qualified	111100	THOL	<del></del>	
									07/31/1986				
2. Principal Place of Business				2a. Mailing Address					4. FEI Number		Ar	oplied For	
21				16				ļ	57-0657895		No	ot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					E. Outstients of Otation Desired		\$8.75	Additional	
22			27	7					5. Certificate of Status Desired	<u> </u>	Fee Re	equired	
City & State				City & State					6. Election Campaign Financing	_	\$5.00		
23			28					Trust Fund Contribution		Added			
Zip	Country			¬ '				8. This corporation owes or has paid the			e current year Intengible		
24	0 Nama	and Address of Cu	29	torne Agent	30				Personal Property Tax due June 3  10. Name and Address of New Regi				
OT			Hellt Hağıs	IBIBO AGBIIL		811	Name		10. Italio and Addiess Of item fieg	1010100	·goin		
CT CORPORATION SYSTEM						82						_,	
1200 S. PINE ISLAND ROAD PLANTATION FL 33324							Street A	Addres	ess (P.O. Box Number is Not Acceptable)				
/ DAMANON 1 E 00024													
											leel 7te		
						84	City			FL	85 Zip i	Code	
11. Pyrsuant i	to the provis	ions of Sections 607.	0502 and 6	07 1508, Florida Statu	ites, the	above	-named	corpo	ration submits this statement for the pu n's board of directors. I hereby accept	rpose of	changing it	ts registered	
office of fi	egi <b>ste</b> red aç m <b>la</b> miliar w	pent, or both, in the 5 ith, and accept the o	tate of Fioric bligations of	, Section 607.0505, F	Florida St	atutes	tile corp i.	orano	it's board or directors. Thereby accept	шө аррс	линың аз	registered	
SIGNATURE													
	Signature, typed	or printed name of registere					nt signature	required	when reinstating)	DATE	DIDECTOR	0.0140	
12.	- VP	OFFICERS	AND DIREC	DELETE	13	TITLE	Т	VF	ADDITIONS/CHANGES TO OFFICE	:HS AND	Change	Addition	
TITLE		M, MORGAN		better					mison, Jack	'	onunge	LE Hadillon	
NAME	AND LANDAGTED AVE					1.2 NAME UA 1.3 STREET ADDRESS 山ム		Jus	s lancaster annue				
STREET ADDRESS	GREER,						I	WY.	eer_50 29450				
CITY-ST-ZIP TITLE	VP VP	<del></del>		DELETE		CITY-S'	1-ZIP	VP	eer 00 24030		Change	Addition	
NAME	SHAW,	ALAN E			4	NAME		Na	rt, Randy				
STREET ADDRESS	AGE LANGACTED AVE					2.3 STREET ADDRESS		مارد	Floringter QUENTILE)	<del>)</del>			
	GREER, SC.						2. 4 CITY-ST-ZIP		5 Lancaster avenue				
TITLE	T			☐ DELETÉ		TITLE		VP			Change	Addition	
NAME	GRANT,	FRED T JR		-		NAME		Tu	rbow, ILENO				
STREET ADDRESS	ANE LANICACTED AND				3.3	3.3 STREET ADDRESS		lin	s lancaster arenvue				
CITY-ST-ZIP	GREER,	SC.			3.4.	CITY-S	IT-ZIP	~6	veer se 29450				
TITLE	8			DELETE		TITLE		_	, , , , , , , , , , , , , , , , , , , ,		Change	☐ Addition	
NAME	GLEITZ,	JANET			4.2	NAME	İ						
STREET ADDRESS		NCASTER AVE.			4.3	STREET	ADDRESS						
CITY-ST-ZIP	Greer,	SC.			4.4	CITY-S'	T-ZIP						
TITLE	V			DELETE	_	TITLE					Change	☐ Addition	
NAME	MCCRA				5.2	NAME	ļ						
STREET ADORESS		ICASTER AVE.			5.3	STREET	ADDRESS						
CITY-ST-ZIP	GREER,	SC.			5.4	CITY-S	T-ZIP						
TITLE	PD			DELETE	61	TITLE			<del></del>		Change	Addition	
NAME		HARLES D			6.2	NAME							
STREET ADDRESS		CASTER AVE			6.3	STREET	ADDRESS						
CITY-ST-ZIP	GREER	SC			6.4	CITY-S	T-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.

But ada imo