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Mar 03 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 # P10982 (7)
1. Corporation Name
RYAN'S FAMILY STEAK HOUSES, INC.

Principal Place of Business
P O BOX 100
GREER SC 29652

Mailing Address
P O BOX 100
GREER SC 29652



DO NOT WRITE IN THIS SPACE

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

3. 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 VP
NAME GRAHAM, MORGAN
STREET ADDRESS 405 LANCASTER AVE.
CITY-ST-ZIP GREER, SC.

TITLE VP
NAME SHAW, ALAN E
STREET ADDRESS 405 LANCASTER AVE.
CITY-ST-ZIP GREER, SC.

TITLE T
NAME GRANT, FRED T JR
STREET ADDRESS 405 LANCASTER AVE.
CITY-ST-ZIP GREER, SC.

TITLE S
NAME GLEITZ, JANET
STREET ADDRESS 405 LANCASTER AVE.
CITY-ST-ZIP GREER, SC.

TITLE V
NAME MCCRANIE, ED
STREET ADDRESS 405 LANCASTER AVE.
CITY-ST-ZIP GREER, SC.

TITLE PD
NAME WAY CHARLES D
STREET ADDRESS 405 LANCASTER AVE
CITY-ST-ZIP GREER SC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP
1.2 NAME Jamison, Jack
1.3 STREET ADDRESS 405 LANCASTER AVENUE
1.4 CITY-ST-ZIP Greer SC 29650

2.1 TITLE VP
2.2 NAME Hart, Randy
2.3 STREET ADDRESS 405 LANCASTER AVENUE
2.4 CITY-ST-ZIP Greer SC 29650

3.1 TITLE VP
3.2 NAME Turbow, Ilene
3.3 STREET ADDRESS 405 LANCASTER AVENUE
3.4 CITY-ST-ZIP Greer, SC 29650

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 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

[Handwritten Signature]

2/26/98 864 879 1000

CR2E034 (10/97)