FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:53

DOCUMENT # **821638** **(4)**

1. Corporation Name
OCASCO BUDGET INCORPORATED

Principal Place of Business	Mailing Address
136 NORTH THIRD STREET HAMILTON OHIO 45011	136 NORTH THIRD STREET HAMILTON OHIO 45011

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/11/1968**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 45025 / 25 US	Zip / Country 29 45025 / 30 US

4. FEI Number: **31-0655688** ☐ 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

9. Name and Address of Current Registered Agent

SPULLER, T F
500 WINDERLEY PLACE, SUITE 200
MAITLAND FL 32751-4207

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 of printed name of registered agent and title if applicable) (NEW Registered Agent signature required when changed) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	FOGARTY, ANDREW T	12 NAME	
STREET ADDRESS	136 N 3RD ST	13 STREET ADDRESS	
CITY ST ZIP	HAMILTON, OHIO 00000	14 CITY ST ZIP	
TITLE	CD	21 TITLE	☐ Change ☐ Addition
NAME	MARCUM, JOSEPH L	22 NAME	
STREET ADDRESS	136 N 3RD ST	23 STREET ADDRESS	
CITY ST ZIP	HAMILTON, OHIO 00000	24 CITY ST ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	PATCH, LAUREN N	32 NAME	
STREET ADDRESS	136 N 3RD ST	33 STREET ADDRESS	
CITY ST ZIP	HAMILTON, OHIO 00000	34 CITY ST ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	PORTER, BARRY S	42 NAME	
STREET ADDRESS	136 N 3RD ST	43 STREET ADDRESS	
CITY ST ZIP	HAMILTON, OHIO 00000	44 CITY ST ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	MCCUE, JAMES E	52 NAME	
STREET ADDRESS	234 HILLCREST DR	53 STREET ADDRESS	
CITY ST ZIP	CINCINNATI, OHIO 00000	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	WOODALL, WILLIAM L	62 NAME	
STREET ADDRESS	136 N 3RD ST	63 STREET ADDRESS	
CITY ST ZIP	HAMILTON, OHIO 00000	64 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)(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 added on an attachment with an address.

SIGNATURE: Barry S. Porter, Treasurer 4/19/95 513/867-3904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0466546 FP