

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000003978 (4)

1. Corporation Name

OCASCO BUDGET OF OHIO, INC.



Principal Place of Business

Mailing Address

**136 NORTH THIRD STREET
HAMILTON OH 45025
US**

**136 NORTH THIRD STREET
HAMILTON OH 45025
US**

3. Date Incorporated or Qualified

09/01/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPULLER, T F
500 WINDERLY PLACE, SUITE 200
MAITLAND FL 32751-7207**

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 board if applicable.

(NOT a Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **T
PORTER, BARRY S**
STREET ADDRESS **136 NORTH THIRD STREET**
CITY-ST-ZIP **HAMILTON OH**

TITLE ☐ DELETE

NAME **D
WOODALL, WILLIAM L**
STREET ADDRESS **910 MACEWAN DRIVE**
CITY-ST-ZIP **OSPREY FL**

TITLE ☐ DELETE

NAME **DC
MARCUM, JOSEPH L**
STREET ADDRESS **475 OAKWOOD DRIVE**
CITY-ST-ZIP **HAMILTON OH 45013**

TITLE ☐ DELETE

NAME **DV
LOWE, JEFFERY D**
STREET ADDRESS **821 BOYLE ROAD**
CITY-ST-ZIP **HAMILTON OH**

TITLE ☐ DELETE

NAME **DP
PATCH, LAUREN N**
STREET ADDRESS **434 CHISHOLM TRAIL**
CITY-ST-ZIP **CINCINNATI OH 45215**

TITLE ☐ DELETE

NAME **DV
SLONEKER, HOWARD L III**
STREET ADDRESS **105 HETHERINGTON LANE**
CITY-ST-ZIP **CINCINNATI OH**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

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7 Little Creek Lane

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)(k), 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 of this report or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry S. Porter

4/22/96

(513) 867-3904

Date

Daytime Phone #

CR2E034 (12/95)