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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F93000003978 (4)

1. Corporation Name
OCASCO BUDGET, INC.

Principal Place of Business

136 NORTH THIRD STREET
HAMILTON OH 45025
US

Mailing Address

136 NORTH THIRD STREET
HAMILTON OH 45025-0002
US



3. Date Incorporated or Qualified

09/01/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

~~31-1364002~~ 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

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

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 fee if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T ☐ DELETE

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

D ☐ DELETE

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

DC ☐ DELETE

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

DV ☐ DELETE

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

DP ☐ DELETE

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

DV ☐ DELETE

NAME SLONEKER, HOWARD L III
STREET ADDRESS 7 LITTLE CREEK LANE
CITY-ST-ZIP CINCINNATI OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 it changed, or in an attachment with an address.

SIGNATURE:

Barry S. Porter

4/21/97

(513) 867-3904

CR2E034 (9/96)