

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000003978 (4)**

1. Corporation Name

**OCASCO BUDGET, INC.**



Principal Place of Business

Mailing Address

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

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

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> <b>09/01/1993</b>	
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.	<b>4. FEI Number</b> <b>31-0655688</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>22</b> City & State	<b>27</b> City & State	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>23</b> Zip	<b>28</b> Zip	<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>24</b> Country	<b>29</b> Country	<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

**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 title if applicable

(NOTE: Registered Agent signature required when re-statuting)

DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PORTER, BARRY S</b>	12 NAME	
STREET ADDRESS	<b>136 NORTH THIRD STREET</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>HAMILTON OH</b>	14 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOODALL, WILLIAM L</b>	22 NAME	
STREET ADDRESS	<b>910 MACEWAN DRIVE</b>	23 STREET ADDRESS	<b>6302 Windcrest #825</b>
CITY-ST-ZIP	<b>OSPREY FL</b>	24 CITY-ST-ZIP	<b>Plano, Texas 75024</b>
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARCUM, JOSEPH L</b>	32 NAME	
STREET ADDRESS	<b>475 OAKWOOD DRIVE</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>HAMILTON OH 45013</b>	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOWE, JEFFERY D</b>	42 NAME	
STREET ADDRESS	<b>821 BOYLE ROAD</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>HAMILTON OH</b>	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATCH, LAUREN N</b>	52 NAME	
STREET ADDRESS	<b>434 CHISHOLM TRAIL</b>	53 STREET ADDRESS	
CITY-ST-ZIP	<b>CINCINNATI OH 45215</b>	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SLONEKER, HOWARD L III</b>	62 NAME	
STREET ADDRESS	<b>7 LITTLE CREEK LANE</b>	63 STREET ADDRESS	
CITY-ST-ZIP	<b>CINCINNATI OH</b>	64 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.**

Lauren Patch

CR2E034 (10/97)