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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000003978

1. Corporation Name

OCASCO BUDGET, INC.

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90156 040 ***150.00



`									
Principal Place of Business Mailing Address					(100(100 1110 101	88 Hill 88 H 88 H 88 H 88 H			
136 NORTH THI HAMILTON OH		136 North Third Street Hamilton oh 45025							
US		US	US			DO NOT WRITE IN THIS SPACE			
		•			3. Date Incorporated 09/01/1993	or Qualifed			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		App	lied For	
21		26			31-0655688	<u>31-1364002</u>		Applicable	
Suite, Apt.	#-elc.—	Suite-Apt, #. etc				is Desired 🗆	:\$8.7.5:A		
22		27					Fee Rec		
City & State	Э	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23		28 Country			Trust Fund Contri			Fees	
Zip	Country	Zip Country			· '	8. This corporation owes the current year Intangible Personal Property Tax.			
24	9. Name and Address of Current		30			10. Name and Address of New Registered Agent			
	9. Name and Address of Current	vedistaten vaent	81	Name	IV. Marie Brid / Taxa		9****		
SPULLER, T F 500 WINDERLY PLACE, SUITE 200 MAITLAND FL 32751-7207				5. 1.	(D.O. D. N. beele	N-4 A 4=h4=\	_		
			82	Street Address (P.O. Box Number is Not Acceptable)					
	LAND FL 32751-7207		83				_		
,				011			85 Zip C	odo	
			84	City		FL	85 Zip C	1	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	-named	corporation submits this state	ment for the purpose of c	hanging its i	egistered	
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such change was auth ions of, Section 607,0505, Florid	iorized by a Statutes	the corpo	oration's board of directors.	nereby accept the appoint	ment as reg	istered	
SIGNATURE		, .						ļ	
SIGNATURE	Signature, typed or printed name of registered agent	<u></u>	<u> </u>	nt signature re	equired when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS			,		IGES TO OFFICERS AND	DIRECTOR Change	RS IN 12	
TITLE	T BODTED BADDY 6	☐ DELETE	1.1 TITLE		CFO/T		(M. Change	Addition	
NAME	PORTER, BARRY S		1.2 NAME						
STREET ADDRESS	136 NORTH THIRD STREET		1.3 STREET					Ì	
CITY-ST-ZIP	HAMILTON OH D	☐ DELETE	1.4 CITY-S	T-ZIP			Change	Addition	
TITLE	WOODALL, WILLIAM L		2.1 TITLE 2.2 NAME				U		
NAME	6302 WINDCREST #825		Į.	LADODESS				_	
STREET ADDRESS	PLANO TE 75024	e telefologia (f. 1955). Telefologia	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		1				
CITY+ST-ZIP TITLE	DC	☐ DELETE	3.1 TITLE	13-215			Change	Addition	
NAME	MARCUM, JOSEPH L		3.2 NAME						
STREET ADDRESS	475 OAKWOOD DRIVE	•	3.3 STREET	T ADDRESS					
CITY-ST-ZIP	HAMILTON OH 45013		3.4. C/TY-9					į	
TITLE	DV	☐ DELETE	4.1 TITLE		D		Change	☐ Addition	
NAME	LOWE, JEFFERY D		4. 2 NAME	İ		,			
STREET ADDRESS	821 BOYLE ROAD		4.3 STREET	ADDRESS					
CITY-ST-ZIP	HAMILTON OH		4.4 CITY+S						
TITLE	DP	☐ DELETÉ	5.1 TITLE		CEO/P/D		Change	☐ Addition	
NAME ,	PATCH, LAUREN N	_	5.2 NAME						
STREET ADDRESS	434 CHISHOLM TRAIL	•	5.3 STREET	ADDRESS					

CiTY-ST-ZIP **CINCINNATI OH** 6.4 CITY-ST-ZIP 14. I hereby certify that the information subplied 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 peppir or subpliemental 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 on the receiver by 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SRVP/S/D

6.1 TITLE

6.2 NAME

SIGNATURE:

DV

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME)

CINCINNATI OH 45215

7 LITTLE CREEK LANE

SLONEKER, HOWARD L III

URE REQUIRE (Barry S. Porter ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

4/15/99

(513) 867-3903

XXChange

☐ Addition