

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Nancy B. Neundorfer
Secretary of State
Tallahassee, Florida 32399-0400

APPROVED
AND
FILED

60 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000051132 (6)**

ATHENA INFORMATION SERVICES, INC.

Principal Office Location: **100 WASHINGTON ST. MINNEOLA FL 34755**
Mailing Address: **P.O. BOX 650 MINNEOLA FL 34755**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/01/1994**
3a. Date of Last Report:
4. FEI Number: **65-0507894**
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 a law of Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent:
**TOMLINSON, MARK D
100 WASHINGTON ST.
MINNEOLA FL 34755**

10. Name and Address of New Registered Agent:
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
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: _____ (of the registered agent or officer or director) _____ (of the registered agent (submit required other residents)) _____ (of the corporation)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	OLSON, TIMOTHY E
STREET ADDRESS	1005 HORTON CT.
CITY, ST, ZIP	OVIEDO FL 32765
TITLE	D
NAME	POWELL, JOHN F II
STREET ADDRESS	3100 OLD WINTER GARDEN RD., 3628
CITY, ST, ZIP	OCOCHEE FL 34761
TITLE	D
NAME	RABON, JACK A
STREET ADDRESS	11624 DELMAR AVE.
CITY, ST, ZIP	ORLANDO FL 32836
TITLE	D
NAME	TOMLINSON, MARK D
STREET ADDRESS	P.O. BOX 650 N/A
CITY, ST, ZIP	MINNEOLA FL 34755
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

14. I, the undersigned, certify that the information suggested with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), Florida Statutes. I further certify that the information submitted 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. I am an officer or director of the corporation or the agent or trustee empowered to execute this report as required by Chapter 119, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an office listed with an address.

SIGNATURE: *Timothy E. Olson* **TIMOTHY E. OLSON** 5/2/95 4078247530
SIGNATURE: _____ (of the registered agent or officer or director) _____ (of the registered agent (submit required other residents)) _____ (of the corporation)