FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000051132 (6)**

1. Corporation Name

ATHENA INFORMATION SERVICES, INC.

Principal Place of Business
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:

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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 s. 199.032, Florida Statutes ☐ Yes ☒ No

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
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) — (If Registered Agent signature required when resulting) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	OLSON, TIMOTHY E	1.2 NAME	
STREET ADDRESS	1005 HORTON CT.	1.3 STREET ADDRESS	
CITY ST. ZIP	OVIEDO FL 32765	1.4 CITY ST. ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	POWELL, JOHN F II	2.2 NAME	
STREET ADDRESS	3100 OLD WINTER GARDEN RD., 3628	2.3 STREET ADDRESS	
CITY ST. ZIP	OCOEE FL 34761	2.4 CITY ST. ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	RABON, JACK A	3.2 NAME	
STREET ADDRESS	11624 DELMAR AVE.	3.3 STREET ADDRESS	
CITY ST. ZIP	ORLANDO FL 32836	3.4 CITY ST. ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	TOMLINSON, MARK D	4.2 NAME	
STREET ADDRESS	P.O. BOX 650 N/A	4.3 STREET ADDRESS	
CITY ST. ZIP	MINNEOLA FL 34755	4.4 CITY ST. ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST. ZIP		5.4 CITY ST. ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST. ZIP		6.4 CITY ST. ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE: Timothy E Olson TIMOTHY E. OLSON 5/2/95 4078247530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0462645 FP