

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

FILED

**Mar 21 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 # P94000051132 (6)

1. Corporation Name
ATHENA INFORMATION SERVICES, INC.



Principal Place of Business
**100 WASHINGTON ST.
MINNEOLA FL 34755**

Mailing Address
**PO BOX 1800
MINNEOLA FL 34755-1800
US**

3. Date Incorporated or Qualified
07/01/1994

3a. Date of Last Report
01/30/1996

4. FEI Number
65-0507894

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

2a. Mailing Address

21. State, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. State, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TOMLINSON, MARK D
100 WASHINGTON ST.
MINNEOLA FL 34755**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **D OLSON, TIMOTHY E**

STREET ADDRESS **1005 HORTON CT.**

CITY- ST- ZIP **OVIEDO FL 32785**

TITLE DELETE

NAME **D POWELL, JOHN F II**

STREET ADDRESS **3100 OLD WINTER GARDEN RD., 3628**

CITY- ST- ZIP **OCOEEE FL 34761**

TITLE DELETE

NAME **D RABON, JACK A**

STREET ADDRESS **11624 DELMAR AVE.**

CITY- ST- ZIP **ORLANDO FL 32836**

TITLE DELETE

NAME **D TOMLINSON, MARK D**

STREET ADDRESS **P.O. BOX 650 N/A**

CITY- ST- ZIP **MINNEOLA FL 34755**

TITLE DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

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 changed, or on an attachment with an address.

SIGNATURE: *Timothy E. Olson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)