

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 25 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000091177 (3)

1. Corporation Name

HTE - SOFTWARE MANAGEMENT, INC.

Principal Place of Business

**390 N. ORANGE AVE.
SUITE 2000
ORLANDO FL 32801**

Mailing Address

**390 N. ORANGE AVE.
SUITE 2000
ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1994

3a. Date of Last Report

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

4. FEI Number

59-3295386

Applied For

Not Applicable

22
City & State

27
City & State

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23
Zip

Country

28
Zip

Country

6. This corporation has liability for intangible tax under b. 115f, U.S.C.,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GORNTO, L. A. JR.
149-F S. RIDGEWOOD AVE.
DAYTONA BEACH FL 32114**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 the # applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE DPST
NAME HARWARD, DENNIS J
STREET ADDRESS 390 N. ORANGE AVE., STE. 2000
CITY ST ZIP ORLANDO FL 32801

TITLE DPST
NAME HARWARD, JACK L
STREET ADDRESS 390 N. ORANGE AVE., STE. 2000

TITLE V.P. Finance Secretary/Treasurer
NAME DENNIS J WIPPER
STREET ADDRESS 390 N. ORANGE AVE, STE 2000
CITY ST ZIP ORLANDO FL 32801

TITLE V.P. OPERATIONS
NAME RONALD E GOODROW
STREET ADDRESS 390 N. ORANGE AVE, STE 2000
CITY ST ZIP ORLANDO FL 32801

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS J. WIPPER
V.P. Finance

4/3/95 (407) 841-3235
Date Signature