

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000071717 (9)

1. Corporation Name

ATHENA CONSULTING, INC.



Principal Place of Business

Mailing Address

4215 SOUTHPOINT BLVD.
SUITE 100
JACKSONVILLE FL 32216

4215 SOUTHPOINT BLVD.
SUITE 100
JACKSONVILLE FL 32216

2. Principal Place of Business

21 220 Crosstern Court

Suite, Apt. #, etc.

22

City & State

23 Ponte Vedra Beach, FL

Zip

24 32082

Country

25

2a. Mailing Address

26 830-13 North A1A, Ste 332

Suite, Apt. #, etc.

27

City & State

28 Ponte Vedra Beach, FL

Zip

29 32082

Country

30

3. Date Incorporated or Qualified

09/15/1995

3a. Date of Last Report

N/A

4. FEI Number

59-3338361

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

SCHNEIDER, MICHAEL N
4215 SOUTHPOINT BLVD.
SUITE 100
JACKSONVILLE FL 32216

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)

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
D SCHOPPERT, BRIDGET
STREET ADDRESS
220 CROSSTERN COURT.
CITY-ST-ZIP
PONTE VEDRA BEACH FL 32082

DELETE ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE ☐

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P/S/T

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bridget Schoppert, President

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***200.00

3/5/96

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