

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

1995 AUG 10 AM 9:18

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # F92000000033 (2)**

1. Corporation Name

**SYSTEMS & PROGRAMMING CONSULTANTS, INC.**

Principal Place of Business

212 SOUTH TRYON ST.  
 CHARLOTTE NC 28281

Mailing Address

212 SOUTH TRYON ST.  
 CHARLOTTE NC 28281

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/29/1992

3a. Date of Last Report

08/09/1994

4. FEI Number

57-0695246

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 Suite 700

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 Suite 700

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

GALLAGHER, BOB  
 8875 HIDDEN RIVER PARKWAY  
 LAKEVIEW BUILDING, SUITE 270  
 TAMPA FL 33637

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DPT  
 CARLISLE, THOMAS G  
 212 SOUTH TRYON ST.  
 CHARLOTTE NC 28281

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DVS  
 CARLISLE, RICHARD K  
 212 SOUTH TRYON ST.  
 CHARLOTTE NC

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DV  
 CARTER, JEFF  
 212 SOUTH TRYON ST.  
 CHARLOTTE NC

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

Change  Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

Change  Addition

zip - 28281

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

Change  Addition

zip - 28281

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

Change  Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

Change  Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Change  Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Thomas G. Carlisle*  
 SECRETARY AND TREASURER

6/5/95

348-9000

CR2E034 (3/95)