

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F92000000033 (2)

1. Corporation Name

SYSTEMS & PROGRAMMING CONSULTANTS, INC.



Principal Place of Business

Mailing Address

212 SOUTH TRYON ST.
SUITE 700
CHARLOTTE NC 28281
US

212 SOUTH TRYON ST.
SUITE 700
CHARLOTTE NC 28281
US

3. Date Incorporated or Qualified
10/29/1992

3a. Date of Last Report
08/10/1995

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
57-0695246

Applied For
Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip
24

Country
25

Zip
29

Country
30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPT
CARLISLE, THOMAS G
212 SOUTH TRYON ST.
CHARLOTTE NC 28281 DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
 Change: Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVS
CARLISLE, RICHARD K
212 SOUTH TRYON ST.
CHARLOTTE NC DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
 Change: Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
CARTER, JEFF
212 SOUTH TRYON ST.
CHARLOTTE NC DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
 Change: Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
 DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
 Change: Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
 DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
 Change: Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
 DELETE

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 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

Thomas G. Carlisle 1/29/96 704-348-9000
Date Daytime Phone #

CR2E034 (12/95)