

**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  
 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  
 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  
 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*  
**Thomas G. Carlisle** 1/29/96 704-348-9000

Date

Daytime Phone #

CR2E034 (12/95)