

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 25 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F92000000033 (2)**

1. Corporation Name  
**SYSTEMS & PROGRAMMING CONSULTANTS, INC.**



Principal Place of Business <b>212 SOUTH TRYON ST. SUITE 700 CHARLOTTE NC 28281 US</b>	Mailing Address <b>212 SOUTH TRYON ST. SUITE 700 CHARLOTTE NC 28281-0002 US</b>
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2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip 28281 Country

24 25 29 30

3. Date Incorporated or Qualified **10/29/1992** 3a. Date of Last Report **05/01/1996**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GALLAGHER, BOB**  
**8675 HIDDEN RIVER PARKWAY**  
**LAKEVIEW BUILDING, SUITE 270**  
**TAMPA FL 33637**

81 Name **Jay Molino**  
 82 Street Address (P.O. Box Number is Not Acceptable) **8875 Hidden River Parkway**  
 83 **Lakeview Building, Suite 270**  
 84 City **Tampa** FL 85 Zip Code **33637**

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]*

4/2/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>DPT</b>	<input type="checkbox"/> DELETE
NAME	<b>CARLISLE, THOMAS G</b>	
STREET ADDRESS	<b>212 SOUTH TRYON ST.</b>	
CITY - ST - ZIP	<b>CHARLOTTE NC 28281</b>	
TITLE	<b>DVS</b>	<input type="checkbox"/> DELETE
NAME	<b>CARLISLE, RICHARD K</b>	
STREET ADDRESS	<b>212 SOUTH TRYON ST.</b>	
CITY - ST - ZIP	<b>CHARLOTTE NC</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>CARTER, JEFF</b>	
STREET ADDRESS	<b>212 SOUTH TRYON ST.</b>	
CITY - ST - ZIP	<b>CHARLOTTE NC</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>DV Robert J. Gallagher</b>
4.3 STREET ADDRESS	<b>212 S. Tryon Street, Suite 270</b>
4.4 CITY - ST - ZIP	<b>Charlotte, NC 28281</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 I 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/97 704-348-9000

Date

Daytime Phone

0000749

CR2E034 (9/96)