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Feb 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N41462** (5)

1. Corporation Name
BRAIN TRUST, INC.

Principal Place of Business

**3435 FIDDLERS BEND
P.O. BOX 1566
FERNANDINA BEACH FL 32034
US**

Mailing Address

**3435 FIDDLERS BEND
P.O. BOX 1566
FERNANDINA BEACH FL 32034-5059
US**



3. Date Incorporated or Qualified
12/26/1990

3a. Date of Last Report
03/04/1996

2. Principal Place of Business

21 **3435 FIDDLERS BEND**

Suite, Apt. #, etc.

22 **—**

City & State

23 **FERNANDINA BEACH, FL**

Zip

24 **32034**

Country

25 **USA**

2a. Mailing Address

26 **3435 FIDDLERS BEND**

Suite, Apt. #, etc.

27 **—**

City & State

28 **FERNANDINA BEACH, FL**

Zip

29 **32034**

Country

30 **USA**

4. FEI Number

59-3053135

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

**LEGGIO, ANTHONY J. ESO
303 CENTRE ST
STE 102
FERNANDINA BEACH FL 32034**

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 617.0502 and 617.1508, 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 617.0503, 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 **D** ☐ DELETE
NAME **SPRAGUE, SUSAN H.**
STREET ADDRESS **3435 FIDDLER'S BEND**
CITY-ST-ZIP **AMELIA ISLAND FL**

TITLE **D** ☐ DELETE
NAME **HENNING, MARY**
STREET ADDRESS **3432 FIDDLER'S BEND**
CITY-ST-ZIP **AMELIA ISLAND FL**

TITLE **D** ☐ DELETE
NAME **O'DONOGHUE, SID**
STREET ADDRESS **3429 FIDDLER'S BEND**
CITY-ST-ZIP **AMELIA ISLAND FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ 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 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Susan H. Sprague
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/97

(904) 377-2711

CP2E037 (9/96)