

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

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90039 032 \*\*\*150.00

04/23/99

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 400316**

1. Corporation Name  
**BERTHA'S NUTRITION SHOPPES, INC.**

Principal Place of Business 3802 W. NEPTUNE ST. TAMPA FL 33629	Mailing Address 3802 W. NEPTUNE ST. TAMPA FL 33629
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/02/1972</b>	
21	22	26	27	4. FEI Number <b>59-1420549</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>-\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23	24	25	28	29	30
Zip		Country		Zip	
Country		Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>LAYTON, JUD W. 3802 W NEPTUNE ST TAMPA FL 33629</b>				10. Name and Address of New Registered Agent	
81 Name		<b>Dena Van Orden</b>			
82 Street Address (P.O. Box Number is Not Acceptable)		<b>4003 S. West Shore Blvd</b>			
83					
84 City		85 Zip Code			
<b>Tampa, FL</b>		<b>FL 33611</b>			

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 Dena Van Orden Dena Van Orden 1-13-99  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<del>Change</del>	<input type="checkbox"/> Addition
NAME	<b>LAYTON, J W</b>		1.2 NAME		
STREET ADDRESS	<b>203 S BEVERLY AVE</b>		1.3 STREET ADDRESS	<b>Deceased</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>		1.4 CITY-ST-ZIP		
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAYTON, KATHLYN R</b>		2.2 NAME	<b>Layton, Kathlyn R</b>	
STREET ADDRESS	<b>203 S BEVERLY AVE</b>		2.3 STREET ADDRESS	<b>3802 W. Neptune St</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>		2.4 CITY-ST-ZIP	<b>Tampa, FL. 33629</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAUOKRDN, DENA</b>		3.2 NAME	<b>Van Orden Dena</b>	
STREET ADDRESS	<b>4003 S. WESTSHORE BLVD</b>		3.3 STREET ADDRESS	<b>4003 S. Westshore Blvd.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33611</b>		3.4 CITY-ST-ZIP	<b>Tampa, FL. 33611</b>	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dena Van Orden Dena Van Orden 1-13-99 813-259-1109  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)