

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 # H36993

(4)

1. Corporation Name

WEDDING BELLES OF NAPLES, INC.



Principal Place of Business

810 NEAPOLITAN WAY  
NAPLES FL 33940

Mailing Address

500 5TH AVE. S.  
SUITE 506  
NAPLES FL 33940  
US

3. Date Incorporated or Qualified

01/07/1985

3a. Date of Last Report

03/07/1995

4. FEI Number

59-2546377

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

2. Principal Place of Business

21 450 BARFIELD DR. N.

2a. Mailing Address

26 450 BARFIELD DR N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MARCO IS. FL

City & State

28 MARCO IS. FL

Zip

24 33937

Country

25 USA

Zip

29 33937

Country

30 USA

9. Name and Address of Current Registered Agent

HANSON, MELANIE J.  
810 NEAPOLITAN WAY  
NAPLES FL 33940

change of address only

10. Name and Address of New Registered Agent

81 Name

MELANIE J. HANSON

82 Street Address (P.O. Box Number is Not Acceptable)

83

450 BARFIELD DR N

84 City

MARCO IS.

FL

85 Zip Code

33937

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 (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
HANSON, JOHN B.  
STREET ADDRESS 6360 PELICAN BAY BL 203C  
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME VD  
HANSON, BERYL  
STREET ADDRESS 6360 PELICAN BAY BL 203C  
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME SD  
HANSON, MELANIE J.  
STREET ADDRESS 6360 PELICAN BAY BL 203C  
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME TD  
HANSON, S. A.  
STREET ADDRESS 6360 PELICAN BAY BL 203C  
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS

TITLE ☐ DELETE

NAME  
STREET ADDRESS

TITLE ☐ DELETE

NAME  
STREET ADDRESS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

3-5-96 (94) 642-1444

Date

Deputy Phone #

CR2E034 (12/95)