

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000047437

1. Corporation Name

KNIGHTSBRIDGE PARK INTERNATIONAL INC

Principal Place of Business

7788 INDIAN RIDGE TRL SOUTH
KISSIMMEE FL 34747
US

Mailing Address

PO BOX 470126
CELEBRATION FL 34747
US

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90168 024 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1995

4. FEI Number

65-0627483

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 owes the current year Intangible
Personal Property Tax.



Yes ☐ No

9. Name and Address of Current Registered Agent

WILKES, BRIAN
7786 INDIAN RIDGE TRAIL SOUTH
KISSIMMEE FL 34747

10. Name and Address of New Registered Agent

81 Name

WILKES BRIAN

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

83 7860 WEST IRLO BRANSON HIGHWAY

84 City KISSIMMEE

FL

85 Zip Code 34747

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 reinstating)

DATE

APRIL 28, 1999

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WILKES, BRIAN JOHN
STREET ADDRESS 7786 INDIAN RIDGE TR SOUTH
CITY-ST-ZIP KISSIMMEE FL 34747

☐ DELETE

TITLE VD
NAME WILKES, JANET ANNE
STREET ADDRESS 7786 INDIAN RIDGE TRAIL SOUTH
CITY-ST-ZIP KISSIMMEE FL 34747

☐ DELETE

TITLE VD
NAME WILKES, JAMES BRIAN
STREET ADDRESS 7786 INDIAN RIDGE TRAIL SOUTH
CITY-ST-ZIP KISSIMMEE FL 34747

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PD
WILKES BRIAN JOHN
7860 WEST IRLO BRANSON HIGHWAY
KISSIMMEE, FLORIDA 34747

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

VD
WILKES JANET ANNE
7860 WEST IRLO BRANSON HIGHWAY
KISSIMMEE, FLORIDA 34747

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

VD
WILKES JAMES BRIAN
7860 WEST IRLO BRANSON HIGHWAY
KISSIMMEE, FLORIDA 34747

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 28, 1999 407.397.0440

Date

Daytime Phone #

CR2E034 (1/1/98)

0509457