

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 303607

Entity Name: CTL DISTRIBUTION, INC.**Current Principal Place of Business:**502 E. BRIDGERS AVENUE
AUBURNDALE, FL 33823**Current Mailing Address:**502 E. BRIDGERS AVENUE
AUBURNDALE, FL 33823**FEI Number:** 59-1147383**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	SECRETARY
Name	CROSSMAN, ERIC
Address	502 E. BRIDGERS AVENUE
City-State-Zip:	AUBURNDALE FL 33823

Title	TREASURER
Name	BAUM, MICHELE
Address	502 E. BRIDGERS AVENUE
City-State-Zip:	AUBURNDALE FL 33823

Title	DIRECTOR
Name	CLARK, RANDALL T.
Address	502 E. BRIDGERS AVENUE
City-State-Zip:	AUBURNDALE FL 33823

Title	PRESIDENT
Name	BRAMAN, WILLIAM
Address	502 E. BRIDGERS AVENUE
City-State-Zip:	AUBURNDALE FL 33823

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ERIC CROSSMAN**SECRETARY****01/09/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date