

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000105966

**Entity Name:** SUNLAND DISTRIBUTION OF FLORIDA, INC.

**Current Principal Place of Business:**

5916 WAVERLY ROAD  
WAVERLY, FL 33877

**Current Mailing Address:**

P.O. BOX 554  
WAVERLY, FL 33877 US

**FEI Number: 26-1149923**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TAYLOR JOHNSON PL  
20 3RD STREET SW  
SUITE 209  
WINTER HAVEN, FL 33880 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	PSD	Title	OPS MG
Name	WORTELMAN, GUY	Name	STRICKLAND, TRAVIS M
Address	5916 WAVERLY ROAD	Address	5916 WAVERLY ROAD
City-State-Zip:	WAVERLY FL 33877	City-State-Zip:	WAVERLY FL 33877

*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: TRAVIS STRICKLAND**

**GM**

**04/30/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date