

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000004201

Entity Name: SUNLAND FIRE PROTECTION, INC.

Current Principal Place of Business:

1218 ELON PL
HIGH POINT, NC 27263

Current Mailing Address:

1218 ELON PL
HIGH POINT, NC 27263 US

FEI Number: 56-1213769

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 DIRECTOR
Name DYER, TOM SR.
Address 1218 ELON PL
City-State-Zip: HIGH POINT NC 27263

Title VP
Name GENGLER, MIKE
Address 1218 ELON PL
City-State-Zip: HIGH POINT NC 27263

Title ASSISTANT SECRETARY, ASSISTANT
TREASURER
Name HATFIELD, SCOTT
Address 1100 OLD HWY 8 NW
City-State-Zip: NEW BRIGHTON MN 55112

Title PRESIDENT
Name JACKSON, CARL
Address 1218 ELON PL
City-State-Zip: HIGH POINT NC 27263

Title DIRECTOR, TREASURER
Name LYDON, THOMAS A.
Address 1218 ELON PL
City-State-Zip: HIGH POINT NC 27263

Title ASSISTANT TREASURER
Name POLOVITZ, MARK
Address 1218 ELON PL
City-State-Zip: HIGH POINT NC 27263

Title CFO
Name REES, JUDY II
Address 1218 ELON PL
City-State-Zip: HIGH POINT NC 27263

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: SCOTT HATFIELD

ASSISTANT SECRETARY 04/06/2019

Electronic Signature of Signing Officer/Director Detail

Date