FILED
Jun 29, 2004 8:00 am
Secretary of State
06-29-2004 90001 046 ***550.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

54059155

DOCUMENT # G94496

1. Entity Name
FIELDS CADILLAC, OLDS, BUICK, PONTIAC & GMC, INC.

Principal Place of Business
US 27 AT CENTRAL AVENUE
PO BOX 3907
LAKE WALES, FL 33859-3907

Mailing Address
US 27 AT CENTRAL AVENUE
PO BOX 3907
LAKE WALES, FL 33859-3907

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. # etc.
City & State
Zip Country

06242004 Chg-P CR2E094 (1-0/03)

4. FEI Number
59-2396103
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FIELDS, RANDOLPH H
US 27 AT CENTRAL AVE
LAKE WALES, FL 33859

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with and accept the obligations of registered agent.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered agent signature required when changing)

FILE NOW!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST FIELDS, JOHN R. 737 ROCKFELLER ROAD LAKE FORREST, IL	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FIELDS, RANDOLPH H US 27 AT CENTRAL AVE LAKE WALES, FL 33859	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FIELDS, DEBRA S US 27 CENTRAL AVE. LAKE WALES, FL 33859	☐ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Santos, Debra S.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Address
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Address
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 6/24/04 407-268-9100
(Signature and Typed or Printed Name of Person Signing) (Date) (Area Code & Daytime Phone Number)