

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000004542

**Entity Name:** FIELDS PAG, INC.

**Current Principal Place of Business:**

199 S. LAKE DESTINY DRIVE  
ORLANDO, FL 32810

**Current Mailing Address:**

199 S. LAKE DESTINY DRIVE  
ORLANDO, FL 32810

**FEI Number:** 02-0665457

**Certificate of Status Desired:** No

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

FIELDS AUTO GROUP  
350 S. LAKE DESTINY DRIVE  
ORLANDO, FL 32810 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:** SHERMIN L PELINSKI

02/19/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            FIELDS, JOHN R  
Address        2100 FRONTAGE RD  
City-State-Zip: GLENCOE IL 60022

Title            VP, DIRECTOR  
Name            FIELDS, DANIEL M  
Address        350 S. LAKE DESTINY DRIVE  
City-State-Zip: ORLANDO FL 32810

Title            DIRECTOR  
Name            IPJIAN, JEROME  
Address        2015 CHESTNUT  
City-State-Zip: GLENVIEW IL 60025

Title            VP  
Name            OLSON, RUSSELL  
Address        199 S. LAKE DESTINY DRIVE  
City-State-Zip: ORLANDO FL 32810

Title            SECRETARY  
Name            PELINSKI, SHERMIN L  
Address        2100 FRONTAGE RD  
City-State-Zip: GLENCOE IL 60022

Title            ASST. TREASURER  
Name            TAYLOR, LORI  
Address        350 S. LAKE DESTINY DRIVE  
City-State-Zip: ORLANDO FL 32810

Title            TREASURER  
Name            KLEIN, EARL  
Address        2100 FRONTAGE ROAD  
City-State-Zip: GLENCOE IL 60022

Title            VP  
Name            REDIG, GARRY  
Address        11211 ATLANTIC BLVD  
City-State-Zip: JACKSONVILLE FL 32225

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*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:** SHERMIN PELINSKI

**SECRETARY**

02/19/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name FIELDS, RYAN  
Address 6624 SEYBOLD ROAD  
City-State-Zip: MADISON WI 53719