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May 29, 2003 8:00 am
Secretary of State

04-16-2003 90203 012 ***150.00

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2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000117953

1. Entity Name
Auto Carriers of Mid-Fla Inc

Principal Place of Business	Mailing Address
47508 E. Deer Rd Altoona FL 32702	P.O. Box 1171 Altoona FL 32702
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

[ ] CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3690908 — [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
David Hauser ~~P.O. Box 1171~~ 47508 E Deer R Altoona, FL 32702	Name Street Address (P.O. Box Number is Not Acceptable) City / 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: [signature] DAVID HAUSER Pres 4-8-03

FILE NOW!!! FEE IS $150.00
After May 1, 2003, Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	President [ ] Delete	TITLE	[ ] Change [ ] Addition
NAME	David Hauser	NAME	
STREET ADDRESS	~~P.O. Box 1171~~ 47508 E Deer R. Rd	STREET ADDRESS	
CITY-ST-ZIP	Altoona, FL 32702	CITY-ST-ZIP	
TITLE	Vice president [ ] Delete	TITLE	[ ] Change [ ] Addition
NAME	Sandra Hauser	NAME	
STREET ADDRESS	~~P.O. Box 1171~~ 47508 E. Deer Rd	STREET ADDRESS	
CITY-ST-ZIP	Altoona, FL 32702	CITY-ST-ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] DAVid Hauser, PRES 4-8-03 352-669-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #