

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:45

DOCUMENT # **P00486** (1)

1. Corporation Name
MICHELS PIPE LINE CONSTRUCTION, INC.

Principal Place of Business Mailing Address
817 W. MAIN ST. 817 W. MAIN ST.
P. O. BOX 128 P. O. BOX 128
BROWNSVILLE WI 53006 BROWNSVILLE WI 53006

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/04/1984** 3a. Date of Last Report **04/27/1994**
4. FEI Number **39-0970311** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30

9. Name and Address of Current Registered Agent
PARKER, JOHNSON, OWEN, MCGUIRE
SCOTT MURPHY
108 E. HILLCREST, PO BOX 2867
ORLANDO FL 32802

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS
TITLE PD
NAME **MICHELS, DALE R.**
STREET ADDRESS **817 W. MAIN ST.**
CITY - ST - ZIP **BROWNSVILLE WI**
TITLE VP
NAME **KOENIGS, THEODORE M.**
STREET ADDRESS **5285 NO. 124TH ST.**
CITY - ST - ZIP **MILWAUKEE WI**
TITLE T
NAME **MICHELS, PATRICK D.**
STREET ADDRESS **817 W. MAIN ST.**
CITY - ST - ZIP **BROWNSVILLE WI**
TITLE S
NAME **JOHNSON, BRIAN P.**
STREET ADDRESS **127 COTTAGE AVE.**
CITY - ST - ZIP **FOND DU LAC WI**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME **VICE PRESIDENT**
2.3 STREET ADDRESS **MICHELS, PATRICK D.**
2.4 CITY - ST - ZIP **817 WEST MAIN ST.**
BROWNSVILLE, WI 53006
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or my appointment with an address.

SIGNATURE: **BRIAN P. JOHNSON** 4/5/95 414/583-3132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Please)