

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P00486** (1)

1. Corporation Name  
**MICHEL'S PIPE LINE CONSTRUCTION, INC.**



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

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country; 25  
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

3. Date incorporated or Qualified: **01/04/1984**  
3a. Date of Last Report: **04/11/1995**  
4. FEI Number: **39-0970311**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARKER, JOHNSON, OWEN, MCGUIRE  
SCOTT MURPHY  
108 E. HILLCREST, PO BOX 2867  
ORLANDO FL 32802**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

11. Pursuant to the provisions of Sections 607.0707 and 607.1506, 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 607.0905, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Name of Agent) \_\_\_\_\_ (Name of Agent)

12. OFFICERS AND DIRECTORS

12.1 NAME	PD	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS	MICHEL'S, DALE R. 817 W. MAIN ST. BROWNSVILLE WI	
12.3 CITY - ST - ZIP	VP	<input type="checkbox"/> DELETE
12.4 NAME	MICHEL'S, PATRICK D.	
12.5 STREET ADDRESS	817 WEST MAIN ST. BROWNSVILLE WI	
12.6 CITY - ST - ZIP	T	<input type="checkbox"/> DELETE
12.7 NAME	MICHEL'S, PATRICK D.	
12.8 STREET ADDRESS	817 W. MAIN ST. BROWNSVILLE WI	
12.9 CITY - ST - ZIP	S	<input type="checkbox"/> DELETE
12.10 NAME	JOHNSON, BRIAN P.	
12.11 STREET ADDRESS	127 COTTAGE AVE. FOND DU LAC WI	
12.12 CITY - ST - ZIP		<input type="checkbox"/> DELETE
12.13 NAME		
12.14 STREET ADDRESS		
12.15 CITY - ST - ZIP		<input type="checkbox"/> DELETE
12.16 NAME		
12.17 STREET ADDRESS		
12.18 CITY - ST - ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	C.E.O.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.2 NAME	Ruth L. Michels	
13.3 STREET ADDRESS	817 W. Main Street	
13.4 CITY - ST - ZIP	Brownsville, WI 53006	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this report was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. 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 12 or Block 13, whichever is applicable, of this report with an address.

SIGNATURE: *Brian P. Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Brian P. Johnson**

01/18/96 414/583-3132  
Date Filing Fee

CR2E034 (12/95)