

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Jan 22 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P00486 (1)

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



Principal Place of Business 617 W. MAIN ST. P. O. BOX 128 BROWNSVILLE WI 53006	Mailing Address 617 W. MAIN ST. P. O. BOX 128 BROWNSVILLE WI 53006-0128
--	---

3. Date Incorporated or Qualified 01/04/1984	3a. Date of Last Report 01/30/1996
--	--

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

4. FEI Number 39-0970311	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 _____ DATE _____
Signature of the person appointed as a registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHEL'S, DALE R.	1.2 NAME	
STREET ADDRESS	817 W. MAIN ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BROWNSVILLE WI	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHEL'S, PATRICK D.	2.2 NAME	
STREET ADDRESS	817 WEST MAIN ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BROWNSVILLE WI	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHEL'S, PATRICK D.	3.2 NAME	
STREET ADDRESS	817 W. MAIN ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BROWNSVILLE WI	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, BRIAN P.	4.2 NAME	
STREET ADDRESS	127 COTTAGE AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FOND DU LAC WI	4.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHEL'S, RUTH L	5.2 NAME	
STREET ADDRESS	817 W MAIN ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	BROWNSVILLE WI	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 registered agent 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, changed or on an attachment with an address.

SIGNATURE: Brian P. Johnson **BRIAN P. JOHNSON** **1/8/97** **414/583-3132**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)