


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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00486 (1)

1. Corporation Name
MICHELS PIPE LINE CONSTRUCTION, INC.



Principal Place of Business 817 W. MAIN ST. P. O. BOX 126 BROWNSVILLE WI 53006	Mailing Address 817 W. MAIN ST. P. O. BOX 126 BROWNSVILLE WI 53006
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 01/04/1984	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <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	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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MICHELS, DALE R.	
STREET ADDRESS	817 W. MAIN ST.	
CITY-ST-ZIP	BROWNSVILLE WI	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MICHELS, PATRICK D.	
STREET ADDRESS	817 WEST MAIN ST.	
CITY-ST-ZIP	BROWNSVILLE WI	
TITLE		<input type="checkbox"/> DELETE
NAME	MICHELS, PATRICK D.	
STREET ADDRESS	817 W. MAIN ST.	
CITY-ST-ZIP	BROWNSVILLE WI	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JOHNSON, BRIAN P.	
STREET ADDRESS	127 COTTAGE AVE.	
CITY-ST-ZIP	FOND DU LAC WI	
TITLE	C	<input type="checkbox"/> DELETE
NAME	MICHELS, RUTH L	
STREET ADDRESS	817 W MAIN ST	
CITY-ST-ZIP	BROWNSVILLE WI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Brian P. Johnson* **Brian P. Johnson** 4/8/98 920/583-3132

CR2E034 (10/97)