PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P00486 1. Corporation Name

MICHELS	PIPE LINE CONSTRUCTIO	/N, INC-					
Principal Place	e of Business	Mailing Address					,
817 W. MAIN ST. 817 W. MAIN ST.							
P. O. BOX 128 P. O. BOX 128				DO NOT WRITE IN THI	e edace		
BROWNSVILLE WI 53006 BROWNSVILLE WI 53006				3. Date Incorporated or Qualified	3 SPAUL		
	•				01/04/1984		
2. Principal Pl	ace of Business	2a. Mailing Address		-	4. FEI Number	App	plied For
21		26	_		39-0970311	1	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	_,\$8.75 A	dditional	
22		27			of Control of Clarks Desired	Fee Rec	quired
City & State	ə	City & State			6. Election Campaign Financing	\$5.00	, ,
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Ir		٦
24	25	29 30	0		Personal Property Tax.		□No
	9. Name and Address of Curren	nt Registered Agent	94	r	10. Name and Address of New Registered	d Agent	
DADW	KER, JOHNSON, OWEN, MCGUIF	DE	81	Name			
	NER, JOHNSON, OWEN, MOGUII TT MURPHY	NE	82	82 Street Address (P.O. Box Number is Not Acceptable)			
	E. HILLCREST, PO BOX 2867		83				
UNLA	ANDO FL 32802		84	City	F	85 Zip C	Code
***		2 - 1 COZ 4EOD Elevido Ctatutos	the above	a aemad com	poration submits this statement for the numose of	of changing its	registered
office or re	egistered agent, or both, in the State :	of Florida. Such change was auth	norized by	the comoratio	on's board of directors. I hereby accept the appe	ointment as reg	gistered
agent. I ar	m familiar with, and accept the obligat	itions of, Section 607.0505, Florid	a Statutes		, , ,		
agent. I ar SIGNATURE	m familiar with, and accept the obligat	itions of, Section 607.0505, Florid	a Statutes	i -			
agent. I ar	m familiar with, and accept the obligat	nt and title if applicable. (NOTE: Re	a Statutes	i -			
agent. I ar SIGNATURE 12.	m familiar with, and accept the obligat	itions of, Section 607.0505, Florid	a Statutes	i -	od when reinstating) DATE		
agent. I ar SIGNATURE	m familiar with, and accept the obligation of th	nt and title if applicable. (NOTE: Re ND DIRECTORS	a Statutes	i -	od when reinstating) DATE	ND DIRECTO	RS IN 12
agent. I ar SIGNATURE 12. TITLE NAME	m familiar with, and accept the obligation of th	nt and title if applicable. (NOTE: Re ND DIRECTORS	a Statutes egistered Agen 13. 1.1 TITLE 1.2 NAME	nt signature require	Additions/Changes to officers A Patrick D. Michels	ND DIRECTO	RS IN 12
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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 in on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY+ST-ZIP

REBrian P. Johnson 4/8/99

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90098 009 ***150.00