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Apr 13, 1999 8:00 am
Secretary of State

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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 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/04/1984	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 39-0970311	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Zip	7. This corporation owes the current year Intangible Personal Property Tax.	<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 _____ DATE _____
Signature, typed or printed name of 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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHELS, DALE R.	1.2 NAME	Patrick D. Michels
STREET ADDRESS	817 W. MAIN ST.	1.3 STREET ADDRESS	Dale R. Michels is deceased.
CITY-ST-ZIP	BROWNSVILLE WI	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHELS, PATRICK D.	2.2 NAME	None at the present time.
STREET ADDRESS	817 WEST MAIN ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BROWNSVILLE WI	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHELS, 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	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	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHELS, 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		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 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, with all other like empowered.

SIGNATURE: Brian P. Johnson REBRIAN P. Johnson 4/8/99 920/583-3132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)