


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

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F97000005629 (7) 1. Corporation Name M.I.G. SUPPLY CO., INC.		

Principal Place of Business P.O. BOX 667 COLUMBUS IN 47202-0667	Mailing Address P.O. BOX 667 COLUMBUS IN 47202-0667
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2. Principal Place of Business 21 15555 STONEY CREEK WAY Suite, Apt. #, etc. 22 NOBLESVILLE, IN, City & State 23 46060 Zip 24 Country 25 HAMILTON 26 27 28 29 30	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 10/27/1997	
4. FEI Number 35-1727526	Applied For 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 POTIER, JEAN R 124 SOUTH FEDERAL HWY SUITE 3 POMPANO BEACH FL 33064	
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10. Name and Address of New Registered Agent 81 Name POTIER, JEAN R 82 Street Address (P.O. Box Number is Not Acceptable) 124 SOUTH FEDERAL HWY 83 POMPADRO BEACH, FL 84 City FL 85 Zip Code 33064	
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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 JEAN POTIER
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	P SMITH, JEFFREY L 10130 BAHAMA CIRCLE FISHERS IN CITY-ST-ZIP
TITLE	V SMITH, DANNY J 830 CRESTON POINT CIRCLE INDIANAPOLIS IN CITY-ST-ZIP
TITLE	S SMITH, DEBRA A 10130 BAHAMA CIRCLE FISHERS IN CITY-ST-ZIP
TITLE	CD SMITH, WM E 10530 JAYWICK FISHERS IN CITY-ST-ZIP
TITLE	 CITY-ST-ZIP
TITLE	 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:  1/19/98 800-838-0105

CR2E034 (10/97)