

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 822805 (8)

1. Corporation Name
VULCAN, INC.



Principal Place of Business: 410 E. BERRY AVE. P.O. BOX 850 FOLEY ALA 36536
Mailing Address: P.O. BOX 1850 P.O. BOX 850 FOLEY AL 36536-1850 US

3. Date Incorporated or Qualified: 05/16/1969
3a. Date of Last Report: 04/19/1995
4. FEI Number: 63-0513868
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 410 E. Berry Ave. 23 Foley AL 24 36535 25 US
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 P.O. Box 1850 28 Foley AL 29 36536 30 US

9. Name and Address of Current Registered Agent: THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301
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: 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	PD	<input type="checkbox"/> DELETE
NAME	LEE, ROBERT W.	
STREET ADDRESS	410 E. BERRY AVE.	
CITY-ST-ZIP	FOLEY AL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KONIAR, JOHN E.	
STREET ADDRESS	410 E. BERRY AVE.	
CITY-ST-ZIP	FOLEY AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAILEY, HAROLD	
STREET ADDRESS	410 E. BERRY AVE.	
CITY-ST-ZIP	FOLEY AL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GILBERT, MARVIN	
STREET ADDRESS	410 E. BERRY AVE.	
CITY-ST-ZIP	FOLEY AL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	LEE, CATER	
STREET ADDRESS	410 E. BERRY AVE.	
CITY-ST-ZIP	FOLEY AL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	THOMPSON, DAVID	
STREET ADDRESS	410 E. BERRY AVE.	
CITY-ST-ZIP	FOLEY AL	

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: David Thompson David Thompson 4-10-96 334-943-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)