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**Apr 18 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 822805 (8)

1. Corporation Name
VULCAN, INC.



Principal Place of Business 410 E. BERRY AVE. FOLEY ALA 36536 US	Mailing Address P.O. BOX 1850 FOLEY AL 36536-1850 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/16/1969	3a. Date of Last Report 04/16/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 63-0513868	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip Country	28. Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip Country	29. Zip Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
WILLIAM T. NESHEM

82. Street Address (P.O. Box Number is Not Acceptable)
12966 SERATINE DR

83. City
PENSACOLA

84. State
FL

85. Zip Code
32506

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: *William T. Neshem* **WILLIAM T. NESHEM** Date: **1/29/1997**

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	CEO D	<input checked="" 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	P D	<input checked="" 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	T S D	<input checked="" 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 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: *David Thompson* **David Thompson** Date: **4-10-97** Daytime Phone #: **334-943-7000**

CR2E034 (9/96)