

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 822805

1. Entity Name

VULCAN, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90053 020 ***150.00

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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **63-0513868**

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NESHAM, WILLIAM T
12966 SERATINE DR
PENSACOLA FL 32506

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, ROBERT W.	NAME	
STREET ADDRESS	410 E. BERRY AVE.	STREET ADDRESS	
CITY-ST-ZIP	FOLEY AL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONIAR, JOHN E.	NAME	
STREET ADDRESS	410 E. BERRY AVE.	STREET ADDRESS	
CITY-ST-ZIP	FOLEY AL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, HAROLD	NAME	
STREET ADDRESS	410 E. BERRY AVE.	STREET ADDRESS	
CITY-ST-ZIP	FOLEY AL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, MARVIN	NAME	
STREET ADDRESS	410 E. BERRY AVE.	STREET ADDRESS	
CITY-ST-ZIP	FOLEY AL	CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, CATER	NAME	
STREET ADDRESS	410 E. BERRY AVE.	STREET ADDRESS	
CITY-ST-ZIP	FOLEY AL	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, DAVID	NAME	
STREET ADDRESS	410 E. BERRY AVE.	STREET ADDRESS	
CITY-ST-ZIP	FOLEY AL	CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David P. Thompson 4-14-00 334-943-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)