


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 822805
 1. Entity Name
 VULCAN, INC.



Principal Place of Business
 410 E. BERRY AVE.
 FOLEY ALA, 36536 US

Mailing Address
 P.O. BOX 1850
 FOLEY, AL 36536 US

DO NOT WRITE IN THIS SPACE



03102005 No Chg-P CR2E034 (10/03)

4. FEI Number
 63-0513868 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

NESHAM, WILLIAM T
 12966 SERATINE DR
 PENSACOLA, FL 32506

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

100000301604
 04/13/05-80038-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEE, ROBERT W.
STREET ADDRESS	410 E. BERRY AVE.
CITY - ST - ZIP	FOLEY, AL
TITLE	VD
NAME	KONIAR, JOHN E.
STREET ADDRESS	410 E. BERRY AVE.
CITY - ST - ZIP	FOLEY, AL
TITLE	D
NAME	BAILEY, HAROLD
STREET ADDRESS	410 E. BERRY AVE.
CITY - ST - ZIP	FOLEY, AL
TITLE	D
NAME	GILBERT, MARVIN
STREET ADDRESS	410 E. BERRY AVE.
CITY - ST - ZIP	FOLEY AL.,
TITLE	CD
NAME	LEE, CATER
STREET ADDRESS	410 E. BERRY AVE.
CITY - ST - ZIP	FOLEY, AL
TITLE	STD
NAME	THOMPSON, DAVID
STREET ADDRESS	410 E. BERRY AVE.
CITY - ST - ZIP	FOLEY, AL

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12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David P Thompson 4-10-05 251-943-7000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #