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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCHMENT #	100504
DOCUMENT #	・リンドトロム
Corporation Name	020007

VULCAN MACHINE, INC.

j.		
Principal Place of Business	Mailing Address	,
1217 TECH BLVD	1217 TECH BLVD	
TAMPA FL 33619	TAMPA FL 33619	
us	US	

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90049 039 ***150.00



DO NOT WRITE IN THIS SPACE

••					3. Date Incorporated or Qualifed		
		•			07/31/1986	_	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			_59-2704093	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional	
22		27			5. Certifcate of Status Desired	Fee Required	
City & State	e	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	4	8. This corporation owes the current year Inter-		
24	25	29	30		Personal Property Tax.	ØYes □No	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered	Agent	
	1444 144450 147		81	Name			
	JAM, JAMES W.		82	82 Street Address (P.O. Box Number is Not Acceptable)			
	TECH BLVD						
TAMI	PA FL 33619		83				
			84	Cit		85 Zip Code	
			04	City	FL	. 3 2.15 0000	
11. Pursuant	to the provisions of Sections 607,050	2 and 607.1508, Florida Statutes	s, the abov	re-named o	corporation submits this statement for the purpose of	changing its registered	
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was aut	inonzed by	/ the corpo	pration's board of directors. I hereby accept the appoin	ntment as registered	
-	m tamiliar with, and accept the obliga	mons of Section 607.0505, Florid	ua Statute.	J.			
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: F	Registered Age	en signature re	equired when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12	
TITLE	VTD	☐ DELETE	1,1 TITLE			☐ Change ☐ Addition	
NAME	WILLIAMS, JAMES W.		1.2 NAME				
STREET ADDRESS	1217 TECH BLVD		1,3 STREE	T ADDRESS			
CITY-ST-ZIP	TAMPA FL		1,4 C/TY-5	ST-ZIP			
TITLE	PD	☐ DELETE	2.1 TITLE	1		☐ Change ☐ Addition	
NAME	WILLIAMS, GEORGE C.		2.2 NAME				
STREET ADDRESS	1217 TECH BLVD		23 STREE	T ADDRESS			
	TAMPA FL		2.4 CITY-				
CITY-ST-ZIP	SD	☐ DELETE	3.1 TITLE	51-21		☐ Change ☐ Addition	
NAME	HENRY, PATRICK		3.2 NAME	Į			
STREET ADDRESS	1217 TECH BLVD			ET ADDRESS			
1	TAMPA FL		3.4. CITY-				
CITY-ST-ZIP	INMEN FL	☐ DELETE	4,1 TITLE	51-21		☐ Change ☐ Addition	
l l			4, 2 NAME	. }			
NAME				T ADORESS			
STREET ADDRESS			.,				
CITY-ST-ZIP		☐ DELETE	4.4 CITY-1	\$1-ZIP		Change Addition	
TITLE			5.1 IIILE 5.2 NAME				
NAME .	•			T ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP		□ act ETE	5.4 CITY-1			☐ Change ☐ Addition	
TITLE		☐ DELETE	1)		□ ⊘isiide □ Yaqiiotii	
NAME			6.2 NAME				
STREET ADDRESS				ET ADORESS			
CITY-ST-ZIP			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, with all other like empowered.