

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 822805

Entity Name: VULCAN, INC.

**Current Principal Place of Business:**

410 E. BERRY AVE.  
FOLEY, AL 36535

**FILED**  
**Apr 10, 2015**  
**Secretary of State**  
**CC0483888890**

**Current Mailing Address:**

P.O. BOX 1850  
FOLEY, AL 36536 US

**FEI Number: 63-0513868**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NESHAM, WILLIAM T  
12966 SERATINE DR  
PENSACOLA, FL 32506 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SD  
Name MULLINS, DAVID MJR.  
Address 410 E. BERRY AVE.  
City-State-Zip: FOLEY AL 36535

Title PD  
Name LEE, THOMAS M  
Address 410 EAST BERRY AVENUE  
City-State-Zip: FOLEY AL 36535

Title VD  
Name STEWART, JAMES E  
Address 410 EAST BERRY AVENUE  
City-State-Zip: FOLEY AL 36535

Title VD  
Name HAMLIN, ROBERT T  
Address 410 E. BERRY AVE.  
City-State-Zip: FOLEY AL 36565

Title D  
Name THOMPSON, DAVID T  
Address 410 E. BERRY AVE.  
City-State-Zip: FOLEY AL 33565

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DAVID M. MULLINS**

**CFO & SECRETARY**

**04/10/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date