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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	
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	
2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.	
22. City & State		27. City & State	
23. Zip		28. Zip	
24. Country		29. Country	
25. Country		30. Country	
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. Zip Code FL 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: <u>William T. Neshem</u> WILLIAM T. NESHEM 1/29/1997			
(NOTE: Registered Agent signature required when re-stating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD		1.1 TITLE CEO D	
1.2 NAME LEE, ROBERT W.		1.2 NAME	
1.3 STREET ADDRESS 410 E. BERRY AVE.		1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP FOLEY AL		1.4 CITY - ST - ZIP	
2.1 TITLE VD		2.1 TITLE	
2.2 NAME KONAR, JOHN E.		2.2 NAME	
2.3 STREET ADDRESS 410 E. BERRY AVE.		2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP FOLEY AL		2.4 CITY - ST - ZIP	
3.1 TITLE D		3.1 TITLE	
3.2 NAME BAILEY, HAROLD		3.2 NAME	
3.3 STREET ADDRESS 410 E. BERRY AVE.		3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP FOLEY AL		3.4 CITY - ST - ZIP	
4.1 TITLE VD		4.1 TITLE	
4.2 NAME GILBERT, MARVIN		4.2 NAME	
4.3 STREET ADDRESS 410 E. BERRY AVE.		4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP FOLEY AL		4.4 CITY - ST - ZIP	
5.1 TITLE CD		5.1 TITLE	
5.2 NAME LEE, CATER		5.2 NAME	
5.3 STREET ADDRESS 410 E. BERRY AVE.		5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP FOLEY AL		5.4 CITY - ST - ZIP	
6.1 TITLE SD		6.1 TITLE	
6.2 NAME THOMPSON, DAVID		6.2 NAME	
6.3 STREET ADDRESS 410 E. BERRY AVE.		6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP FOLEY AL		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: <u>David Thompson</u> David Thompson 4-10-97 334-943-7000			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)