2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-18-2007 90177 036 ***150.00

FILED 822805

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # 822805

1. Entity Name

VULCAN, INC.

Principal Place of Business	Mailing Address
410 E. BERRY AVE. FOLEY ALA 36536 US	P.O. BOX 1850 FOLEY AL 36536 US

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
NESHEM, 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD LEE, ROBERT W. 410 E. BERRY AVE. FOLEY AL 36535	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VD KONIAR, JOHN E. 410 E. BERRY AVE. FOLEY AL 36535	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D BAILEY, HAROLD 410 E. BERRY AVE. FOLEY AL	☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☒ Addition VD LEE, THOMAS M. 410 E. BERRY AVE. FOLEY AL 36565
TITLE NAME STREET ADDRESS CITY ST ZIP	D GILBERT, MARVIN 410 E. BERRY AVE. FOLEY AL.	☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☒ Addition VD STEWART, JAMES E. 410 E. BERRY AVE. FOLEY AL 36565
TITLE NAME STREET ADDRESS CITY ST ZIP	CD LEE, CATER 410 E. BERRY AVE FOLEY AL 36565	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	STD THOMPSON, DAVID 410 E. BERRY AVE. FOLEY AL 36565	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 4-10-07 251-943-7008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #