

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2008 08:00 A**  
**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**



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**

1st MOORE CR2E034 (10/07)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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 PD ☐ Delete  
NAME LEE, ROBERT W.  
STREET ADDRESS 410 E. BERRY AVE.  
CITY-ST-ZIP FOLEY AL 36535

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**000000893684  
04/23/08-80116-007 150.00**

TITLE VD ☐ Delete  
NAME KONIAR, JOHN E.  
STREET ADDRESS 410 E. BERRY AVE.  
CITY-ST-ZIP FOLEY AL 36535

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME LEE, THOMAS M  
STREET ADDRESS 410 EAST BERRY AVENUE  
CITY-ST-ZIP FOLEY AL 36535

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME STEWART, JAMES E  
STREET ADDRESS 410 EAST BERRY AVENUE  
CITY-ST-ZIP FOLEY AL 36535

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CD ☐ Delete  
NAME LEE, CATER  
STREET ADDRESS 410 E. BERRY AVE.  
CITY-ST-ZIP FOLEY AL 36565

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME THOMPSON, DAVID  
STREET ADDRESS 410 E. BERRY AVE.  
CITY-ST-ZIP FOLEY AL 33565

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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*

4-10-08