FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **839289** **(6)**

1. Corporation Name

VULCAN CONTRACTORS, INC.

Principal Place of Business	Mailing Address
800 SECOND AVE DES MOINES IA 50309	800 SECOND AVE DES MOINES IA 50309

3. Date Incorporated or Qualified: **10/11/1977**

3a. Date of Last Report: **03/24/1995**

4. FEI Number: **42-1033343** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
State, Apt. #, etc. 22	State, Apt. #, etc. 27
City & State 23	City & State 28
Zip: 24 Country: 25	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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: (Signature of new registered agent, if changed) (Printed name of new registered agent, if changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DESTIGTER, GLENN H.		1.2 NAME		
STREET ADDRESS	813 SW COHASSET DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ANKENY IA		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BLUM, DONALD R.		2.2 NAME		
STREET ADDRESS	800 2ND AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES, IOWA 00000		2.4 CITY-ST-ZIP		
TITLE	CS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STRUTT, DAVID S.		3.2 NAME		
STREET ADDRESS	301 41ST STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES, IOWA 00000		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GOSSELINK, JERRY D		4.2 NAME		
STREET ADDRESS	1575 NW 75 STR		4.3 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA		4.4 CITY-ST-ZIP		
TITLE	VC	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	OGGERO, RICHARD J		5.2 NAME		
STREET ADDRESS	800 2ND AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Donald R. Blum, Treasurer 1/26/96 515-246-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Date) (Daytime Phone #)

CR2E034 (12/95)