**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.**
**AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)**

PROFIT CORPORATION ANNUAL REPORT

**1997**

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

FILED
97 JUL 30 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Corporation Name
**VULCAN CONTRACTORS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 800 SECOND AVE<br>DES MOINES IA 50309 | 800 SECOND AVE<br>DES MOINES IA 50309 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 10/11/1977 | 3a. Date of Last Report: 02/21/1996 |
| 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 400 LOCUST ST. | 26 400 LOCUST ST. |
| Suite, Apt. #, etc.<br>22 SUITE 300 | Suite, Apt. #, etc.<br>27 SUITE 300 |
| City & State<br>23 DES MOINES, IA | City & State<br>28 DES MOINES, IA |
| Zip<br>24 50309 | Country<br>25 |
| Zip<br>29 50309 | Country<br>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)

800002258698--8
-08/05/97--01113--001
***1100.00 *****550.00

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>DESTIGTER, GLENN H.<br>813 SW COHASSET DR.<br>ANKENY IA ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☒ Change ☐ Addition<br>400 LOCUST ST. SUITE 300<br>DES MOINES, IA 50309 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>BLUM, DONALD R.<br>800 2ND AVE.<br>DES MOINES, IOWA 00000 ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☒ Change ☐ Addition<br>400 LOCUST ST. SUITE 300<br>DES MOINES, IA 50309 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CS<br>STRUTT, DAVID S.<br>301 41ST STREET<br>DES MOINES, IOWA 00000 ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☒ Change ☐ Addition<br>400 LOCUST ST. SUITE 300<br>DES MOINES, IA 50309 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>GOSSELINK, JERRY D<br>1575 NW 75 STR<br>DES MOINES IA ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☒ Change ☐ Addition<br>800 SECOND AVE<br>DES MOINES, IA 50309 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VC<br>OGGERO, RICHARD J<br>800 2ND AVE.<br>DES MOINES IA ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☒ Change ☐ Addition<br>400 LOCUST ST. SUITE 300<br>DES MOINES, IA 50309 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (4/97)

**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:** _____ Treasurer Donald R Blum 7/23/97 (515)698-4260