

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90123 035 \*\*\*150.00

DOCUMENT # F35535

1. Corporation Name

VULCAN ENTERPRISES, INC.

Principal Place of Business

2269 QUEENS WAY  
NAPLES FL 34112  
US

Mailing Address

2269 QUEENS WY  
850 PARK SHORE DRIVE 3RD FLOOR  
NAPLES FL 34112  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1981

4. FEI Number

59-2136415

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 the current year Intangible  
Personal Property Tax ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

24 Zip Country

25

2a. Mailing Address

26 2600 Steel Hector & Davis LLP  
Suite, Apt. #, etc

27 City & State

28 Zip Country

29 34108 30 US

9. Name and Address of Current Registered Agent

WESTMAN, CARL E  
850 PARK SHORE DRIVE  
3RD FLOOR  
NAPLES FL 33940-5703

Current address of  
Registered Agent →

10. Name and Address of New Registered Agent

81 Name

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

STEEL HECTOR & DAVIS LLP

83 5551 Ridgewood Drive, Suite 101

84 City

Naples

FL

85 Zip Code  
34108

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

(NOTE: Registered Agent signature required when translating)

DATE

3-8-99

12. OFFICERS AND DIRECTORS

TITLE PST  
NAME THALHEIMER, SANFORD  
STREET ADDRESS 2269 QUEENS WAY  
CITY-ST-ZIP NAPLES FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0502, Florida Statutes, and that the information is true and accurate and that my signature shall be 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 Section 607.0505, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

(3)(i), Florida Statutes. I further certify that the information is 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 Section 607.0505, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/99

Date

941-261-8422

Daytime Phone #

CR2E034 (11/98)