

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F93000001102 (3)

1. Corporation Name

VULCAN GULF COAST AGGREGATES, INC.

Principal Place of Business

ONE METROPLEX DRIVE  
CORPORATE TAX DEPT.  
BIRMINGHAM, AL 35253-0187

Mailing Address

ONE METROPLEX DRIVE  
CORPORATE TAX DEPT.  
BIRMINGHAM, AL 35253-0187

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC  
1201 HAYES STREET  
STE - 105  
TALLAHASSEE, FL 32301

3. Date Incorporated or Qualified

2/17/93

3a. Date of Last Report

5/1/94

4. FEI Number

63-1050991

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

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 typed and printed name of registered agent

Date typed and printed name of registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE C  
NAME GRAYSON, W. J., JR  
STREET ADDRESS ONE METROPLEX DRIVE  
CITY-ST-ZIP BIRMINGHAM, AL 35209 ☐ DELETE

TITLE TS  
NAME REESE, T. W.  
STREET ADDRESS ONE METROPLEX DRIVE  
CITY-ST-ZIP BIRMINGHAM, AL 35209 ☐ DELETE

TITLE DS  
NAME DENSON, W. F., III  
STREET ADDRESS ONE METROPLEX DRIVE  
CITY-ST-ZIP BIRMINGHAM, AL 35209 ☐ DELETE

TITLE P  
NAME RANDELL, T. R.  
STREET ADDRESS ONE METROPLEX DRIVE  
CITY-ST-ZIP BIRMINGHAM, AL 35209 ☐ DELETE

TITLE T  
NAME WESSEL, A. D.  
STREET ADDRESS ONE METROPLEX DRIVE  
CITY-ST-ZIP BIRMINGHAM, AL 35209 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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\*\*\*200.00

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)(k), 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:

T. W. REESE ASS'T TREASURER 4/29/96 (205)877-3153

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

SG 5-1-96

CR2E034 (12/95)