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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 35209

Mailing Address

ONE METROPLEX DRIVE
CORPORATE TAX DEPT
BIRMINGHAM AL 35209-6805



2. Principal Place of Business

21 Suite, Apt. #, etc.
22 P.O. BOX 530187
23 City & State

24 Zip
35253-0187

Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 P.O. BOX 530187
28 City & State

Zip

29 35253-0187

Country

30

3. Date Incorporated or Qualified

02/17/1993

3a. Date of Last Report

05/01/1996

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
110 NORTH MAGNOLIA STREET

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
C	GRAYSON, W J JR	ONE METROPLEX DRIVE	BIRMINGHAM AL 35209	<input checked="" type="checkbox"/>
TD	REESE, T W	ONE METROPLEX DRIVE	BIRMINGHAM AL	<input type="checkbox"/>
DS	DENSON, W F III	ONE METROPLEX DRIVE	BIRMINGHAM AL 35209	<input type="checkbox"/>
P	RANDELL, T R	ONE METROPLEX DRIVE	BIRMINGHAM AL 35209	<input type="checkbox"/>
T	WESSEL, A.D.	ONE METROPLEX DRIVE	BIRMINGHAM AL	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
C/D	P. J. CLEMENS, III	5680 CAHABA VALLEY ROAD	BIRMINGHAM, AL 35243	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
V/S/D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. W. REESE

4/30/97

(205) 877-3153

Assistant Treasurer

Daytime Phone #

0475787

CR2E034 (9/96)