

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

CERT  
RET

**FILED**

**Apr 23 1998 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1998**



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

**DOCUMENT # F93000001102 (3)**

1. Corporation Name

**VULCAN GULF COAST AGGREGATES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**ONE METROPLEX DRIVE  
P.O. BOX 530187  
BIRMINGHAM AL 35253-0187  
US**

**ONE METROPLEX DRIVE  
P.O. BOX 530187  
BIRMINGHAM AL 35253-0187  
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **CD CLEMENS, P. J**  
STREET ADDRESS **56 CAHABA VALLEY RD**  
CITY-ST-ZIP **BIRMINGHAM AL**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP **35243**

TITLE ☐ DELETE  
NAME **TD REESE, T W**  
STREET ADDRESS **ONE METROPLEX DRIVE**  
CITY-ST-ZIP **BIRMINGHAM AL**

2.1 TITLE **AT** ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP **35253-0187**

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

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP **35253-0187**

TITLE ☐ DELETE  
NAME **CEOP RANSEDELL, T R**  
STREET ADDRESS **ONE METROPLEX DRIVE**  
CITY-ST-ZIP **BIRMINGHAM AL**

4.1 TITLE **D** ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP **35253-0187**

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

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP **35253-0187**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE **PCEO** ☐ Change ☒ Addition  
6.2 NAME **D. F. SANSONE**  
6.3 STREET ADDRESS **ONE METROPLEX DRIVE**  
6.4 CITY-ST-ZIP **BIRMINGHAM, AL 35253-0187**

14. I 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 on an attachment with an address.

SIGNATURE

ASSISTANT

CR2E034 (10/97)