

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90056 030 ***150.00

0522059

DOCUMENT # F93000001102

1. Corporation Name

VULCAN GULF COAST AGGREGATES, INC.

Principal Place of Business
CORPORATE TAX DEPARTMENT
P.O. BOX 385014
BIRMINGHAM AL 35238-5014
US

Mailing Address
CORPORATE TAX DEPARTMENT
P.O. BOX 385014
BIRMINGHAM AL 35238-5014
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1993

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

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
110 N. MAGNOLIA ST.
TALLAHASSEE FL 32301

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME CLEMENS, P. J
STREET ADDRESS 56 CAHABA VALLEY RD
CITY-ST-ZIP BRIMMINGHAM AL 35243

TITLE AT ☐ DELETE

NAME REESE, T W
STREET ADDRESS ONE METROPLEX DRIVE
CITY-ST-ZIP BIRMINGHAM AL 35253-0187

TITLE VSD ☐ DELETE

NAME DENSON, W F III
STREET ADDRESS ONE METROPLEX DRIVE
CITY-ST-ZIP BIRMINGHAM AL 35253-0187

TITLE D ☐ DELETE

NAME RANDELL, T R
STREET ADDRESS ONE METROPLEX DRIVE
CITY-ST-ZIP BIRMINGHAM AL 35253-0187

TITLE T ☐ DELETE

NAME WESSEL, A.D.
STREET ADDRESS ONE METROPLEX DRIVE
CITY-ST-ZIP BIRMINGHAM AL 35253-0187

TITLE PCEO ☐ DELETE

NAME SANSONE, D.F.
STREET ADDRESS ONE METROPLEX DRIVE
CITY-ST-ZIP BIRMINGHAM AL 35253-0187

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 1386 SEQUOIA TRAIL
2.4 CITY-ST-ZIP ALABASTER, AL 35007

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 3215 BRIARCLIFF ROAD
3.4 CITY-ST-ZIP BIRMINGHAM, AL 35223

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 14 DEVONWOOD ROAD
4.4 CITY-ST-ZIP SAN ANTONIO, TX 78257

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS 2904 BERKELEY DRIVE
5.4 CITY-ST-ZIP BIRMINGHAM, AL 35242

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS 2656 VESCLUB CIRCLE
6.4 CITY-ST-ZIP BIRMINGHAM, AL 35216

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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

T. W. REESE

T. W. REESE, ASSISTANT TREASURER

4/26/99

205-298-3153

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)