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

PROFIT CORPORATION ANNUAL REPORT 1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 16 AM 11:18

DOCUMENT # L65963 (5)

1. Corporation Name
VULCAN SERVICES INC.

Principal Place of Business	Mailing Address
1804MARINER DR #38 POST OFFICE BOX 2003 TARPON SPRINGS FL 34688	1804MARINER DR #38 POST OFFICE BOX 2003 TARPON SPRINGS FL 34688

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/16/1990
3a. Date of Last Report: 01/28/1994

2. Principal Place of Business
21: 2009 N. Pointe Alexis Dr.
22 Suite, Apt #, etc: PO Box 2003
23 City & State: TARPON Springs, FL
24 Zip: 34688 25 Country: Pinellas

2a. Mailing Address
26: PO Box 2003
27 Suite, Apt #, etc:
28 City & State: Tarpon Springs FL
29 Zip: 34688 30 Country: Pinellas

4. FEI Number: 52-1679568 ☐ 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

GORIRAN, PIERRE — Spelled wrong →
2009 NO POINTE ALEXIS DR
TARPON SPRINGS FL 34688

10. Name and Address of New Registered Agent

81 Name: GOIRAN, PIERRE
82 Street Address (P.O. Box Number is Not Acceptable): 2009 N. POINTE ALEXIS DR.
83
84 City: TARPON Springs FL 85 Zip Code: 34688

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DP	☑ Change ☐ Addition
NAME	GOIRAN, PIERRE	12 NAME	GOIRAN, PIERRE	
STREET ADDRESS	1804 MARINER DR 38	13 STREET ADDRESS	2009 N. POINTE ALEXIS DR	
CITY ST ZIP	TARPON SPRINGS FL	14 CITY ST ZIP	TARPON SPRINGS FL 34688	
TITLE	ST	21 TITLE	ST	☑ Change ☐ Addition
NAME	GOIRAN, MARY	22 NAME	GOIRAN, MARY	
STREET ADDRESS	1804 MARINER DR #38	23 STREET ADDRESS	2009 N. POINTE ALEXIS DR	
CITY ST ZIP	TARPON SPRINGS FL	24 CITY ST ZIP	TARPON SPRINGS FL 34688	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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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)(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 above, or on an attachment with an address.

SIGNATURE: Pierre Goiran 6/12/95 813-934-3125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0160870 FP