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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 # P19863 (0)
1. Corporation Name
VULCAN GULF COAST MATERIALS, INC.



Principal Place of Business
ONE METROPLEX DRIVE
P.O. BOX 530187
BIRMINGHAM AL 35253-0187
US

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/28/1988	
22 City & State		27 P.O. BOX 530187		4. FEI Number	
23 Zip		28 Zip		63-0964180	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMENS, P.J. III	12 NAME	
STREET ADDRESS	5680 CAHABA VALLEY RD.	13 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	14 CITY-ST-ZIP	35243
TITLE	PC	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDELL, T.R.	22 NAME	
STREET ADDRESS	1105 S. COVE CIRCLE	23 STREET ADDRESS	14 DEVONWOOD ROAD
CITY-ST-ZIP	BIRMINGHAM AL 35209	24 CITY-ST-ZIP	SAN ANTONIO, TX 78257
TITLE	DVAT	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANSONE, D F	32 NAME	PCEO
STREET ADDRESS	2656 VESCLUB CIRCLE	33 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35209	34 CITY-ST-ZIP	35216
TITLE	V	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEASE, J.D. III	42 NAME	AT
STREET ADDRESS	9318 DEER CREEK DR.	43 STREET ADDRESS	T. W. REESE
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	1386 SEQUOIA TRAIL
TITLE	VAS	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYDNOR, E. S.	52 NAME	
STREET ADDRESS	1404 MORNINGSIDE DR.	53 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	54 CITY-ST-ZIP	35213
TITLE	VSD	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENSON, W.F. III	62 NAME	
STREET ADDRESS	3215 BRIARCLIFF RD	63 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35209	64 CITY-ST-ZIP	35223

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.

SIGNATURE: *T. W. REESE* T. W. REESE ASSISTANT TREASURER 4/15/98 205-877-3153

CP2E034 (10/97)