

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 029 ***150.00

0522045

DOCUMENT # **P19863**

1. Corporation Name

VULCAN GULF COAST MATERIALS, 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

06/28/1988

4. FEI Number

63-0964180

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

25

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 ☐ DELETE

TITLE **CD**
NAME **CLEMENS, P.J. III**
STREET ADDRESS **5680 CAHABA VALLEY RD.**
CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE **D**
NAME **RANDELL, T.R.**
STREET ADDRESS **14 DEVONWOOD RD.**
CITY-ST-ZIP **SAN ANTONIO TX 78257**

TITLE **PCEO**
NAME **SANSONE, D F**
STREET ADDRESS **2656 VESCLUB CIRCLE**
CITY-ST-ZIP **BIRMINGHAM AL 35216**

TITLE **AT**
NAME **REESE, T.W.**
STREET ADDRESS **1386 SEQUOIA TR.**
CITY-ST-ZIP **ALABASTER AL 35007**

TITLE **VAS**
NAME **SYDNOR, E. S.**
STREET ADDRESS **1404 MORNINGSIDE DR.**
CITY-ST-ZIP **BIRMINGHAM AL 35213**

TITLE **VSD**
NAME **DENSON, W.F. III**
STREET ADDRESS **3215 BRIARCLIFF RD**
CITY-ST-ZIP **BIRMINGHAM AL 35223**

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
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **VAS**
5.3 STREET ADDRESS **M. R. MILLS**
5.4 CITY-ST-ZIP **825 CONROY ROAD**
BIRMINGHAM, AL 35222

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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** 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)