

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 822805

**Entity Name:** VULCAN, INC.**Current Principal Place of Business:**410 E. BERRY AVE.  
FOLEY, AL 36535**Current Mailing Address:**P.O. BOX 1850  
FOLEY, AL 36536 US**FEI Number:** 63-0513868**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NESHEM, WILLIAM T  
12966 SERATINE DR  
PENSACOLA, FL 32506 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	SD
Name	MULLINS, DAVID MJR.
Address	410 E. BERRY AVE.
City-State-Zip:	FOLEY AL 36535

Title	PD
Name	LEE, THOMAS M
Address	410 EAST BERRY AVENUE
City-State-Zip:	FOLEY AL 36535

Title	VD
Name	STEWART, JAMES E
Address	410 EAST BERRY AVENUE
City-State-Zip:	FOLEY AL 36535

Title	VD
Name	HAMLIN, ROBERT T
Address	410 E. BERRY AVE.
City-State-Zip:	FOLEY AL 36565

Title	D
Name	THOMPSON, DAVID T
Address	410 E. BERRY AVE.
City-State-Zip:	FOLEY AL 33565

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DAVID MULLINS****CFO****05/08/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date