

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
APR 24 1995 11:53

DOCUMENT # 845817 (6)

1. Corporation Name
VECELLIO & GROGAN, INC.

Principal Place of Business Mailing Address
RT 16 SOUTH MASCOTT HILL RT-16 SOUTH MASCOTT HILL-
P.O. BOX V P.O. BOX V
BECKLEY, WEST VIRGINIA 2580 25802 BECKLEY, WEST VIRGINIA 2580 25802

DO NOT WRITE IN THIS SPACE

3. Date Incorporation Granted 04/24/1980 30. Date of Last Report 01/27/1994

2. Principal Place of Business	2a. Mailing Address	4. FID Number	Applied For
21	26	55-0345940	Not Applicable
State, Apt. #, etc.	State, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DEFREHN, JOHN A. 101 SANSBURY'S WAY WEST PALM BEACH FL 33416	B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(2), 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 607.15(2), Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GWINN, L.L.	12 NAME	
STREET ADDRESS	2251 ROBERT C BYRD DRIVE	13 STREET ADDRESS	
CITY, ST, ZIP	BECKLEY, W VA	14 CITY, ST, ZIP	
TITLE	PD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VECELLIO SR, LEO	22 NAME	
STREET ADDRESS	N BREAKERS DRIVE	23 STREET ADDRESS	
CITY, ST, ZIP	PALM BEACH FL	24 CITY, ST, ZIP	
TITLE	SRV	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VECELLIO, LEO, JR.	32 NAME	
STREET ADDRESS	771 VILLAGE RD.	33 STREET ADDRESS	
CITY, ST, ZIP	N. PALM BEACH FL	34 CITY, ST, ZIP	
TITLE	VD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTRODALE, DANTE E	42 NAME	
STREET ADDRESS	2251 ROBERT C BYRD DRIVE	43 STREET ADDRESS	
CITY, ST, ZIP	BECKLEY, W VA	44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct, for the exemption stated in tax form 1120-SS, Florida Statutes. I further certify that the information included on this annual report or supplement, if annual report is true and accurate, and that my signature shall have the same legal effect and make public, as if I am an officer or director of the corporation or the receiver or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on another filing, with an address.

SIGNATURE: *[Signature]* 2895 304 2526575
DATE: _____