

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 845817 (6)

1. Corporation Name
VECELLIO & GROGAN, INC.



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

Mailing Address: **2251 ROBERT C BYRD DR P.O. BOX V BECKLEY, WEST VIRGINIA 2580 25802 US**

3. Date Incorporated or Qualified 04/24/1980	3a. Date of Last Report 02/14/1995
4. FEI Number 55-0345840	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. 25.	29. 30.

9. Name and Address of Current Registered Agent
**DEFREHN, JOHN A.
101 SANSBURY'S WAY
WEST PALM BEACH FL 33416**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 _____
Signature must be printed in block letters and include title (NOTE: Registered Agent Signature required when for stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GWINN, L.L.	1.2 NAME	
STREET ADDRESS	2251 ROBERT C BYRD DRIVE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	BECKLEY, W VA	1.4 CITY-STATE-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VECELLIO SR, LEO	2.2 NAME	
STREET ADDRESS	N BREAKERS DRIVE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	PALM BEACH FL	2.4 CITY-STATE-ZIP	
TITLE	SRV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VECELLIO, LEO, JR.	3.2 NAME	
STREET ADDRESS	771 VILLAGE RD.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	N. PALM BEACH FL	3.4 CITY-STATE-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTRODALE, DANTE E	4.2 NAME	
STREET ADDRESS	2251 ROBERT C BYRD DRIVE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	BECKLEY, W VA	4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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)(k), 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 as an attachment with an address.

SIGNATURE: *[Signature]* **1.25.96 3042526575**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Year Phone #

CR2E034 (12/95)