

1-16-97 8:00am -C

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 25802-2819 US
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3. Date Incorporated or Qualified 04/24/1980	3a. Date of Last Report 02/07/1996
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 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	ST	<input type="checkbox"/> DELETE
NAME	GWINN, L.L.	
STREET ADDRESS	2251 ROBERT C BYRD DRIVE	
CITY-ST-ZIP	BECKLEY, W VA	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	VECELLIO SR, LEO	
STREET ADDRESS	N BREAKERS DRIVE	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	SRV PD	<input type="checkbox"/> DELETE
NAME	VECELLIO, LEO, JR.	
STREET ADDRESS	771 VILLAGE RD.	
CITY-ST-ZIP	N. PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CASTRODALE, DANTE E	
STREET ADDRESS	2251 ROBERT C BYRD DRIVE	
CITY-ST-ZIP	BECKLEY, W VA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 in an attached file with an address

SIGNATURE: _____ DATE: **1-6-97** DAYTIME PHONE #: **304 252 6575**

CR2E034 (9/96)