

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 845817

**Entity Name:** VECELLIO & GROGAN, INC.

**Current Principal Place of Business:**

2251 ROBERT C BYRD DRIVE  
BECKLEY, WV 25801

**Current Mailing Address:**

P.O. BOX 2438  
BECKLEY, WV 25802 US

**FEI Number: 55-0345840**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SULLIVAN, MICHAEL  
450 ROYAL PALM WAY  
2ND FLOOR  
PALM BEACH, FL 33480 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: MICHAEL SULLIVAN**

**03/28/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ASSISTANT SECRETARY  
Name GWINN, LOMAN L  
Address 2251 ROBERT C. BYRD DRIVE  
City-State-Zip: BECKLEY WV 25801

Title P/D  
Name VECELLIO, LEO A JR.  
Address 450 ROYAL PALM WAY  
2ND FLOOR  
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR OF FINANCE,  
COMPLIANCE, AND TAX  
Name SMITH, ROBERT D  
Address 450 ROYAL PALM WAY  
2ND FLOOR  
City-State-Zip: PALM BEACH FL 33480

Title D  
Name VECELLIO, KATHRYN C  
Address 450 ROYAL PALM WAY  
2ND FLOOR  
City-State-Zip: PALM BEACH FL 33480

Title D  
Name VECELLIO, CHRISTOPHER S  
Address 450 ROYAL PALM WAY  
2ND FLOOR  
City-State-Zip: PALM BEACH FL 33480

Title D  
Name VECELLIO, MICHAEL A  
Address 450 ROYAL PALM WAY  
2ND FLOOR  
City-State-Zip: PALM BEACH FL 33480

Title VP  
Name FARLEY, MATTHEW A  
Address 2251 ROBERT C. BYRD DR.  
City-State-Zip: BECKLEY WV 25801

Title SECRETARY, TREASURER, &  
CORPORATE CONTROLLER  
Name LILLY, MICHELE WIKEL  
Address 2251 ROBERT C BYRD DRIVE  
City-State-Zip: BECKLEY WV 25801

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*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: MICHAEL SULLIVAN**

**MANAGER**

**03/28/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP OF FINANCE  
Name SULLIVAN, MICHAEL  
Address 450 ROYAL PALM WAY  
2ND FLOOR  
City-State-Zip: PALM BEACH FL 33480

Title PRESIDENT, QUARRIES  
Name HURLEY, JAMES M IV  
Address 1645 NORTH CONGRESS AVE.  
City-State-Zip: WEST PALM BEACH FL 33409