1-16-97 B-0231-C

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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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	Mailing Address
RT 16 SOUTH MASCOTT HILL P.O. BOX V BECKLEY, WEST VIRGINIA 2580 25802	2251 ROBERT C BYRD DR P.O. BOX V BECKLEY, WEST VIRGINIA 2580 25802-2819 US

3. Date Incorporated or Qualified: 04/24/1980
3a. Date of Last Report: 02/07/1996

2. Principal Place of Business (21): Suite, Apt. #, etc. (22); City & State (23); Zip (24); Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27); City & State (28); Zip (29); Country (30)

4. FEI Number: 55-0345840 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

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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 on an attachment with an address.

SIGNATURE: [signature] 1-6-97 304 252 6575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #