1-26-95 B-497-NC

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 4:32

DOCUMENT # F93000005738 (0)

1. Corporation Name
DYCON CORPORATION OF MARYLAND

Principal Place of Business	Mailing Address
POST OFFICE BOX 20038 HOLIDAY PLAZA BRANCH PANAMA CITY FL 32407-5635	POST OFFICE BOX 20038 HOLIDAY PLAZA BRANCH PANAMA CITY FL 32407-5635

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1993
3a. Date of Last Report: 01/20/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):

4. FEI Number: 52-0914604 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

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

City & State (23):
City & State (28):

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

Zip (24): Country (25):
Zip (29): Country (30):

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

9. Name and Address of Current Registered Agent

BAUMMER, GEORGE
512-D COMMERCE DR.
PANAMA CITY BEACH FL 32408

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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	DCP	1.1 TITLE	☐ Change ☐ Addition
NAME	BAUMMER, GEORGE P	1.2 NAME	
STREET ADDRESS	241 BOCA SHORES DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	1.4 CITY-ST-ZIP	
TITLE	DVCS	2.1 TITLE	☐ Change ☐ Addition
NAME	MAGUIRE, JOHN J.	2.2 NAME	
STREET ADDRESS	210 ST. DUNSTANS RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	☐ Change ☐ Addition
NAME	NELSON, THOMAS L	3.2 NAME	
STREET ADDRESS	40 GLENBROOK DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PHOENIX MD 21131	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	WEISS, GEORGE M	4.2 NAME	
STREET ADDRESS	BOX 380, GLENARM AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GLEN ARM MD 21057	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	MAGUIRE, JOHN J.	5.2 NAME	
STREET ADDRESS	210 ST. DUNSTANS RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	STROHM, THOMAS A	6.2 NAME	
STREET ADDRESS	1600 CAMBRIDGE DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLETOWN OH 45042	6.4 CITY-ST-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)(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: George P. Baumme 1/23/95 904-235-1283
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Telephone Number
GEORGE P. BAUMMER, PRESIDENT

0410020 FP