

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified

12/17/1993

3a. Date of Last Report

01/26/1995

2. Principal Place of Business

2a. Mailing Address

21 512 D COMMERCE DRIVE
Suite, Apt. #, etc.

26 POST OFFICE BOX 20038
Suite, Apt. #, etc.

4. FEI Number

52-0914604

Applied For

Not Applicable

22 City & State

27 HOLIDAY PLAZA BRANCH
City & State

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 PANAMA CITY BEACH, FLORIDA
Zip

28 PANAMA CITY, FLORIDA
Zip

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 32408

25 USA

29 32407-5635

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME BAUMMER, GEORGE P
STREET ADDRESS 241 BOCA SHORES DR.
CITY-ST-ZIP PANAMA CITY BEACH FL 32408

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE DVCS ☒ DELETE

2.1 TITLE

☒ Change ☐ Addition

NAME MAGUIRE, JOHN J.
STREET ADDRESS 210 ST. DUNSTANS RD.
CITY-ST-ZIP BALTIMORE MD

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE DT ☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME NELSON, THOMAS L
STREET ADDRESS 40 GLENBROOK DR.
CITY-ST-ZIP PHOENIX MD 21131

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME WEISS, GEORGE M
STREET ADDRESS BOX 380, GLENARM AVE.
CITY-ST-ZIP GLEN ARM MD 21057

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE S ☒ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME MAGUIRE, JOHN J.
STREET ADDRESS 210 ST. DUNSTANS RD.
CITY-ST-ZIP BALTIMORE MD

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE D ☐ DELETE

6.1 TITLE

☒ Change ☐ Addition

NAME STROHM, THOMAS A
STREET ADDRESS 1600 CAMBRIDGE DR.
CITY-ST-ZIP MIDDLETOWN OH 45042

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

JOHN J. MAGUIRE IS DECEASED

VICE PRESIDENT + SECRETARY
AND DIRECTOR

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 on an attachment with an address.

SIGNATURE:

G.P. Baumer PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96
Date

(904) 235-1283
Day/Time Phone #

CR2E034 (12/95)