


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004 08:00 AM
Secretary of State

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| DOCUMENT # F93000005738 |  |
| 1. Entity Name DYCON CORPORATION OF MARYLAND | |

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|---|--|
| Principal Place of Business 512 D COMMERCE DRIVE PANAMA CITY, FL 32408 US | Mailing Address P.O. BOX 28265 PANAMA CITY, FL 32411-8265 US |
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DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 52-0914604 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent STROHM, THOMAS P/A. 512-D COMMERCE DR. PANAMA CITY BEACH, FL 32408 |
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE: Thomas A. Strohm, Pres. 3-29-04
(NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

U000000099284
03/29/04 00000 000 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT NELSON, THOMAS L 40 GLENBROOK DR. PHOENIX, MD 21131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD STROHM, THOMAS A PO BOX 27997 - 626 AMBERJACK DR. PANAMA CITY, FL 324117997 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD KEKICH, DAVID A 1533 VIA LEON PALOS VERDES ESTATES, CA 90274 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Thomas A. Strohm 3-29-04 850-235-1283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Thomas A. Strohm