

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 04, 2005 8:00 am**  
**Secretary of State**

08-04-2005 90005 003 \*\*\*150.00

**DOCUMENT # F93000005738**

1. Entity Name  
**DYCON CORPORATION OF MARYLAND**



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**

**50059985**



2. Principal Place of Business  
**Office Closed**

3. Mailing Address  
**Same as above**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07062005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**52-0914604**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

## 6. Name and Address of Current Registered Agent

**STROHM, THOMAS P  
512-D COMMERCE DR.  
PANAMA CITY BEACH, FL 32408**

## 7. Name and Address of New Registered Agent

Name **Strohm, Thomas Pres.**  
Street Address (P.O. Box Number is Not Acceptable)  
**P.O. BOX 28265 - 626 AMBERJACK DR**  
City **PANAMA CITY** FL Zip Code **32411**

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

**Thomas A. Strohm**  
(NOTE: Registered Agent Signature required when reinstating)

**8-2-05**  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE **DT** ☐ Delete  
NAME **NELSON, THOMAS L**  
STREET ADDRESS **40 GLENBROOK DR.**  
CITY - ST - ZIP **PHOENIX, MD 21131**

TITLE **VSD** ☐ Delete  
NAME **STROHM, THOMAS A**  
STREET ADDRESS **PO BOX 27997 - 626 AMBERJACK DR.**  
CITY - ST - ZIP **PANAMA CITY, FL 324117997**

TITLE **VSD** ☐ Delete  
NAME **KEKICH, DAVID A**  
STREET ADDRESS **1533 VIA LEON**  
CITY - ST - ZIP **PALOS VERDES ESTATES, CA 90274**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE **PD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☒ Change ☐ Addition  
NAME **3400 Ave of the Brite F415**  
STREET ADDRESS **COSTA MESA CA 92626**  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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** **Thomas A. Strohm, Pres.** **8-2-05** **850-230-8294**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #