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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 # **M31006** **(3)**

1. Corporation Name
DALEM CORP.

Principal Place of Business	Mailing Address
13511 STRATFORD PL CIR APT 303 FT. MYERS FL 33919	PO BOX 873 LINDVILLE NC 28646-0873

3. Date Incorporated or Qualified: 04/24/1986
3a. Date of Last Report: 04/24/1996

4. FEI Number: 59-2665764 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 51 OUTERBRIDGE CIR.	26 51 OUTERBRIDGE CIR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 HILTON HEAD ISLAND, S.C.	City & State 28 HILTON HEAD ISLAND, S.C.
Zip / Country 24 29926 / 25 USA	Zip / Country 29 29926 / 30 USA.

9. Name and Address of Current Registered Agent

CLYMER, DALE W.
13511 STRATFORD PL CIRCLE, APT 303
FORT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name: THOMAS L. CARNAHAN
82 Street Address (P.O. Box Number is Not Acceptable): 8211 COLLEGE PKWY
83
84 City: FORT MYERS FL 85 Zip Code: 33919

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: Thomas Carnahan — 2/24/97
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CLYMER, LUDWICK M.		1.2 NAME		
STREET ADDRESS	111 RIDGE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LINVILLE NC 28646		1.4 CITY-ST-ZIP		
TITLE	PTD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CLYMER, DALE W.		2.2 NAME		
STREET ADDRESS	111 RIDGE DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LINVELLE NC 28646		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			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		

CR2E034 (9/96)

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: Ludwick M. Clymer — 2/15/97 — 803-681-1840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LUDWICK M. CLYMER, SECRETARY-DIRECTOR