


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
08 JUN -5 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **996 0000 65174**
1. Corporation Name
Seminole Swamp Seasoning

Principal Place of Business: **Big Cypress Reservation State Road 933**
Mailing Address: **Hc. 61 Box 19 D Clewiston, FL 33440**

DO NOT WRITE IN THIS SPACE

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		22. Suite, Apt. #, etc.		23. City & State		24. Zip		25. Country	
26. Mailing Address		27. Suite, Apt. #, etc.		28. City & State		29. Zip		30. Country	

3. Date Incorporated or Qualified	08/05/96
4. FEI Number	65-0692045
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**James E. Billic
Hc. 61 Box 19 D
State Road 833
Clewiston, FL 33440**

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 607.0540 and 607.1506, 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: _____ (Name of Registered Agent) _____ (Name of Officer or Director)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE <input type="checkbox"/> DELETE	11. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	12. NAME 600002557686--3
3. STREET ADDRESS	13. STREET ADDRESS -06/12/98--01003--013
4. CITY- ST- ZIP	14. CITY- ST- ZIP ****550.00 ****550.00
5. TITLE <input type="checkbox"/> DELETE	21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	22. NAME
7. STREET ADDRESS	23. STREET ADDRESS
8. CITY- ST- ZIP	24. CITY- ST- ZIP
9. TITLE <input type="checkbox"/> DELETE	31. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	32. NAME
11. STREET ADDRESS	33. STREET ADDRESS
12. CITY- ST- ZIP	34. CITY- ST- ZIP
13. TITLE <input type="checkbox"/> DELETE	41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	42. NAME
15. STREET ADDRESS	43. STREET ADDRESS
16. CITY- ST- ZIP	44. CITY- ST- ZIP
17. TITLE <input type="checkbox"/> DELETE	51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	52. NAME
19. STREET ADDRESS	53. STREET ADDRESS
20. CITY- ST- ZIP	54. CITY- ST- ZIP
21. TITLE <input type="checkbox"/> DELETE	61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	62. NAME
23. STREET ADDRESS	63. STREET ADDRESS
24. CITY- ST- ZIP	64. CITY- ST- ZIP

**PD Richard Davis
Route 2 Box 447
Labelle, FL 33935**

**SD James E. Billic
Hc. 61 Box 19 D
Clewiston, FL 33440**

**TD James C. McDaniel
Hc. 61 Box 46
Clewiston, FL 33440**

14. I hereby certify that the information supplied in this filing is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the individual or partnership employed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached sheet with an address.

SIGNATURE: **James C. McDaniel** 6/1/98 941-983-1190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)