

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000065174

**Entity Name:** SEMINOLE SWAMP SEASONING, INC.

**Current Principal Place of Business:**

245 MYSTIC WARRIOR TRAIL  
QUINCY, FL 32352

**Current Mailing Address:**

C/O JAMES MCDANIEL  
245 MYSTIC WARRIOR TRAIL  
QUINCY, FL 32352

**FEI Number:** 65-0692045

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCDANIEL, JAMES C  
245 MYSTIC WARRIOR TRAIL  
QUINCY, FL 32352 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name BILLIE, JAMES E  
Address 1800 FRANK HWY ROAD  
City-State-Zip: OKEECHOBEE FL 34974

Title P  
Name MCDANIEL, JAMES C  
Address 245 MYSTIC WARRIOR TRAIL  
City-State-Zip: QUINCY FL 32352

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES C MCDANIEL

P

05/01/2015

Electronic Signature of Signing Officer/Director Detail

Date