

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # V01738

(6)

1. Corporation Name  
CSM-MONENCO, INC.

Principal Place of Business  
14100 58TH ST. NORTH  
CLEARWATER FL 34620-0796

Mailing Address  
14100 58TH ST. NORTH  
CLEARWATER FL 34620-0796

FILED

98 JUL 13 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1991

4. FEI Number

13-3639835

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes ☐ No

9. Name and Address of Current Registered Agent

QUACKENBUSH, MICHAEL P  
14100 58TH STREET NORTH  
CLEARWATER FL 34620-0796

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code  
33760

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BIRCHENOUGH, A.J.	
STREET ADDRESS	2010 WINSTON PARK DRIVE	
CITY-ST-ZIP	OAKVILLE, ONTARIO	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	QUACKENBUSH, MICHAEL P.	
STREET ADDRESS	14100 58TH ST. NORTH	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	FEENEY, J.E.	
STREET ADDRESS	2045 STANLEY ST.	
CITY-ST-ZIP	MONTREAL, QUEBEC, CAN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LEGAULT, G J	
STREET ADDRESS	2010 WINSTON PARK DRIVE	
CITY-ST-ZIP	OAKVILLE, ONTARIO	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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:

Signature of Michael P. Quackenbush

(813) 539-1661

CR2E034 (5/98)



AGRA Baymont, Inc.  
14100 58<sup>th</sup> Street North  
Clearwater, Florida 33760-3796  
Tel (813) 539-1661  
Fax (813) 539-1749  
E-mail info@baymont.com

2

July 10, 1998

Ms. Leslie Sellers  
Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

Re: 1998 Profit Corporation Annual Report Replacements

Dear Ms. Sellers:

Pursuant to your voice mail message of July 10, 1998, I am resubmitting the 1998 Profit Corporation Annual Reports for AGRA Baymont, Inc.; Monenco U.S., Inc. (its U.S. parent company); Baymont, Inc. (its sister company); and CSM-Monenco, Inc. (its sister company). Each of the enclosed envelopes contains a completed Annual Report Form and a check for the supplemental corporate fee and certificate of status.

Please note that I have not included the late charge due for remissions made after May 1. As we discussed, you very kindly agreed to waive this charge after determining that Baymont's original submission of the four Annual Reports was misplaced following arrival at the Division of Corporations.

I sincerely appreciate your patience and understanding in this matter. Should you have any questions or require further information, please contact me at your earliest convenience.

Sincerely,

A handwritten signature in cursive script, appearing to read 'C. Davis'.

Chad Davis  
Proposal Coordinator

enclosure

