## 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

DOCUMENT # V55877

**(7)** 

	IPAL METER RE	ADING SER	VICE, INC.		***				
9500 PAYNE RD 9500 PAYNE RD									
SEBRING FL 33872-9717 SEBRING FL 33872						DO NOT HID	TC IN THIS	ODAOC	
U\$			U\$			DO NOT WR.  3. Date Incorporated or Qualifie		SPACE	
						08/06/1992	u		•
2. Principal Place of Business			2a. Mailing Address			4. FEI Number	····	Ap	plied For
21			26			65-0365110		No	t Applicable
Suite, Apt. #, elc.			Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional Fee Required			
City & State			City & State						<del></del>
3			28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Cou	intry	Zip	Co	ountry	8. This corporation owes or has			
24	25		29	30		Personal Property Tax due Ju	ne 30. [	Yes [	No
	9. Name and Ad	dress of Curren	nt Registered Agent		041 ::	10. Name and Address of New	Registered	Agent	
KING, CHRISTOPHER					81 Name	KING, CHRISTOPHER	3		
5140 DAVIE ROAD #1 DAVIE FL 33314						ress (P.O. Box Number is Not Accep	table)		
					83	1500 PAYNE ROad			<del></del>
					5				
					84 City	EBRING FL	FL	[85] Zip (	Sode 872
11. Pursuant	to the provisions of S	octions 607.050	2 and 607.1508, Florid	a Statutos, the	above-named corr	poration submits this statement for the	e purpose o	f changing It	s registered
agent. La SIGNATURE	tm familiar with, and a	accept the obliga	ations of, Section 607.0	505, Florida St	atutes. red Agent signature requi	·	DATE		
12.		OFFICERS AND	CONTRACTOR						
				13	*	ADDITIONS/CHANGES TO OF	FICERS AND		
THILE	DPTS		DEL	ETE 1.1	TITLE		FICERS AND	Change	S IN 12  Addition
NAME	LAUCHMAN, SII			ETE 1.1	TITLE NAME	ADDITIONS/CHANGES TO OF	FICERS AND		
NAME STREET ADDRESS	LAUCHMAN, SII 9500 PAYNE RI			ETE 1.1 12 1.3	TITLE NAME STREET ADDRESS		FICERS AND		
NAME STREET ADDRESS CITY-ST-ZIP	LAUCHMAN, SII		OEL	ETE 1.1 1.2 1.3 1.4	TITLE NAME STREET ADDRESS CITY-ST-ZIP		FICERS AND	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	LAUCHMAN, SII 9500 PAYNE RI			ETE 1.1 12 1.3 1.4 ETE 2.1	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		FICERS AND		
NAME STREET ADDRESS CITY-ST-ZIP	LAUCHMAN, SII 9500 PAYNE RI		OEL	ETE 1.1 1.2 1.3 1.4 ETE 2.1 2.21	TITLE NAME STREET ADDRESS CITY-ST-ZIP		FICERS AND	Change	Addition
NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	LAUCHMAN, SII 9500 PAYNE RI		OEL	ETE 1.1 12 1.3 1.4 ETE 2.1 2.21 2.3	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		FICERS AND	Change	Addition
NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	LAUCHMAN, SII 9500 PAYNE RI		OEL	ETE 1.1 12 1.3 1.4 ETE 2.1 2.2 2.3 2.4	TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS	SYLVIA		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAUCHMAN, SII 9500 PAYNE RI		DEL DEL	ETE 1.1 1.2 1.3 1.4 ETE 2.1 2.2 2.3 2.4 ETE 3.1	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SYLVIA		Change Change	Addition  Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	LAUCHMAN, SII 9500 PAYNE RI		DEL DEL	ETE 1.1 1.2 1.3 1.4 ETE 2.1 2.2 2.3 2.4 ETE 3.1 3.2	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	SYLVIA		Change Change	Addition  Addition
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NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME TITLE NAME NAME	LAUCHMAN, SII 9500 PAYNE RI		DEL DEL	ETE 1.1 1.2 1.3 1.4 1.5 2.1 2.3 2.4 ETE 3.1 3.2 3.3 3.4 ETE 4.1 4.2	TITLE  NAME STREET ADDRESS CITY-ST-ZIP TITLE  NAME STREET ADDRESS CITY-ST-ZIP TITLE  NAME STREET ADDRESS CITY-ST-ZIP TITLE  NAME TITLE  NAME	SYLVIA		Change  Change	Addition  Addition
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NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	LAUCHMAN, SII 9500 PAYNE RI		DEL DEL	ETE 1.1 1.2 1.3 1.4 1.5 2.1 2.3 2.4 ETE 3.1 3.2 3.3 3.4 ETE 4.1 4.2 4.3 4.44	TITLE  NAME STREET ADDRESS CITY-ST-ZIP	SYLVIA		Change  Change  Change	Addition  Addition  Addition
NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	LAUCHMAN, SII 9500 PAYNE RI		DEL DEL	ETE 1.1  1.2  1.3  1.4  ETE 2.1  2.3  2.4  ETE 3.1  3.2  3.3  4.4  ETE 4.1  4.2  4.3  4.4  ETE 5.1	TITLE  NAME STREET ADDRESS CITY-ST-ZIP	SYLVIA		Change  Change	Addition  Addition
NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	LAUCHMAN, SII 9500 PAYNE RI		DEL DEL	ETE 1.1  1.2  1.3  1.4  ETE 2.1  2.3  2.4  ETE 3.1  3.2  3.3  4.4  ETE 4.1  5.1  5.21	TITLE  NAME STREET ADDRESS CITY-ST-ZIP TITLE  NAME	SYLVIA		Change  Change  Change	Addition  Addition  Addition
NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	LAUCHMAN, SII 9500 PAYNE RI		DEL DEL	ETE 1.1 1.2 1.3 1.4 1.5 2.1 2.3 2.4 ETE 3.1 3.2 3.3 3.4 ETE 4.1 4.2 4.3 4.4 ETE 5.1 5.2 5.3	TITLE  NAME STREET ADDRESS CITY-ST-ZIP TITLE  NAME STREET ADDRESS STREET ADDRESS	SYLVIA		Change  Change  Change	Addition  Addition  Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAUCHMAN, SII 9500 PAYNE RI		DEL DEL	ETE 1.1 1.2 1.3 1.4 1.5TE 2.1 2.3 2.4 ETE 3.1 3.2 3.3 3.4 ETE 4.1 4.2 4.3 4.4 ETE 5.1 5.2 5.4	TITLE  NAME STREET ADDRESS CITY-ST-ZIP	SYLVIA		Change  Change  Change	Addition  Addition  Addition
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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 suppliemental annual report is frue 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:

Twowfor SYLVIA LAVEHMON

3/6/98

**FILED** 

Mar 12 1998 8:00am

Secretary of State

1.800-555-9864