PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90039 016 ***150.00

DOCUMENT #	V5587	7
1. Corporation Name	1000.	•

MUNICIPAL METER READING SERVICE, INC.		 	
Principal Place of Business Mailing Address			
9500 PAYNE RD 9500 PAYNE RD		·	•
SEBRING-FL-33972-9717 US US US		DO NOT WRITE IN THI	IS SPACE
US US		3. Date Incorporated or Qualifed	
	•	08/06/1992	1
2. Principal Place of Business 2a. Mailing Address		4. FEI Number	Applied For
21 100 SEAAH WAY 26 100 SEL	AH WAY	65-0365110	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 27			Fee Required
City & State City & State City & State PLACI PLACI CI	10 FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country Zip	Country	8. This corporation owes the current year	ntangible
24 33852 25 HOSA 29 33852 [30 US	Personal Property Tax.	XX Yes □No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registere	d Agent
	81 Name		·
KING, CHRISTOPHER	82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
9 500 PAYNE-RO AD	(00)		
SEBRING-FL-33872	83		
•	4	<u> </u>	las Zia Cada
	84 City LAK	LE PLACID F	L 85 Zip Code み
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute	s the above-named corne	pration submits this statement for the purpose	of changing its registered
office or registered agent, or both, in the State of Florida. Such change was au agent. I am familiar with, and accept the obligations of, Section 607.0505, Flori	thorized by the corporatio	n's board of directors. I hereby accept the app	ointment as registered
	Ga Stances.		16-99
SIGNATURE Signature, typed of printed name of registered agent and title if applicable. (NOTE: I	Registered Agent signature required	when reinstating) DATE	14 77
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE DPTS DELETE	1.1 TITLE		Change
NAME LAUCHMAN, SYLVIA	1.2 NAME		ļ
STREET ADDRESS 9500 PAYNE-RD	1.3 STREET ADDRESS	00 SELAH WAY	
CITY-ST-ZIP SEDRING-FL	1.4 CITY-ST-ZIP	AKE PLACID, FL. 3383	52
TITLE DELETE	2.1 TITLE	,	☐ Change ☐ Addition
NAME	2.2 NAME		\
STREET ADDRESS -	2.3 STREET ADDRESS		
CITY-ST-ZIP	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		u
TITLE DELETE	4.1 TITLE	•	☐ Change ☐ Addition
NAME	4.2 NAME		I

6.4 CITY-ST-ZIP 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, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5,2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

☐ DELETE

☐ Change

Change

Addition

Addition