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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N94000001145

1. Corporation Name  
**CENTRAL FLORIDA CHAPTER OF THE INTERNATIONAL ASSOCIATION OF SPECIAL INVESTIGATION UNITS, INC.**

Principal Place of Business: C/O USAA CLAIMS SECURITY UNIT, 17200 COMMERCE PARK BLVD., TAMPA FL 33647-2600  
 Mailing Address: C/O USAA CLAIMS SECURITY UNIT, P.O. BOX 20486, TAMPA FL 33622-0486



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	03/03/1994	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Country	NOT APPLICABLE	
24	Country	29	Country	5. Certificate of Status Desired <input type="checkbox"/>	
25	Country	30	Country	Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BURNETTE, GUY E JR 6200 COURTNEY CAMPBELL CAUSEWAY SUITE 1100 TAMPA FL 33607-1458				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	GEORGE WINNEGAR (D) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUCKER, RON	1.2 NAME	2180 SR. 484 WEST
STREET ADDRESS	PO BOX 7530 N/A	1.3 STREET ADDRESS	LONGWOOD FL 32791
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	RICHARD H. SWANN JR (S) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WESTERDAHL, MARVIN L	2.2 NAME	P.O. Box 20486 N/A
STREET ADDRESS	780 CARILLON PKWY SUITE 200	2.3 STREET ADDRESS	TAMPA, FL 33622
CITY-ST-ZIP	ST PETERSBURG FL 33716	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	RON TUCKER (T) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIDNER, JERRY	3.2 NAME	PO Box 20486 N/A
STREET ADDRESS	905 TARAWOOD LANE	3.3 STREET ADDRESS	TAMPA, FL 33622
CITY-ST-ZIP	VALRICO FL 33594	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	MARVIN WESTERDAHL (P) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN, BILL	4.2 NAME	780 CARILLON PKWY SUITE 200
STREET ADDRESS	2701 NO ROCKY PT DR	4.3 STREET ADDRESS	ST. PETERSBURG, FL 33716
CITY-ST-ZIP	TAMPA FL 33607	4.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	BILL JOHN (VP) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, KENNETH	5.2 NAME	11081 US HWY 19 N SUITE #206
STREET ADDRESS	P.O. BOX 20486 N/A	5.3 STREET ADDRESS	CLEARWATER FLA 34624
CITY-ST-ZIP	TAMPA FL 33622	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	WEIDNER, JERRY (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNNINGHAM, DEBRA	6.2 NAME	905 TARAWOOD LANE
STREET ADDRESS	4350 W CYPRESS ST #1000	6.3 STREET ADDRESS	VALRICO, FL 33594
CITY-ST-ZIP	TAMPA FL 33607	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 617, 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.

SIGNATURE: *Richard H. Swann Jr* DATE: 04/30/99 DAYTIME PHONE: 813-615-5752

CR2E037 (11/98)