

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR -6 AM 7:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000001145 (1)**

1. Corporation Name

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

Principal Place of Business

Mailing Address

C/O USAA CLAIMS SECURITY UNIT  
17200 COMMERCE PARK BLVD.  
TAMPA FL 33647-2600

C/O USAA CLAIMS SECURITY UNIT  
P.O. BOX 20486  
TAMPA FL 33622-0486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/03/1994**

3a. Date of Last Report

4. FEI Number

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired

**\$9.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

**\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
KEEBLER, KEN  
P.O. BOX 20486 N/A  
TAMPA FL 33622-0486**

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
TART, RON  
P.O. BOX 4962 N/A  
ORLANDO FL 32802**

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
ELLIOTT, ROB  
2901 W BUSCH BLVD., #403  
TAMPA FL 33618**

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
WEIDNER, JERRY  
3802 COCONUT PALM DR.  
TAMPA FL 33618**

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

Change  Addition

**D  
RICHARD J. SKORSKI  
2201 LUCIEN WAY  
MAITLAND, FL 32751**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
CUNNINGHAM, DEBBIE  
P.O. BOX 22228 N/A  
TAMPA FL 33622**

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

Change  Addition

**D  
JOHN G. CARROZZA  
P.O. BOX 7143 N/A  
SEMINOLE, FL 34642**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: **ROBERT M. ELLIOTT**

*Robert M. Elliott*

**3/13/95 (813)932-0393**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number