

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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PROFIT CORPORATION ANNUAL REPORT



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

1996-3-19-96 B 2400 C

DOCUMENT # **F95000006266 (9)**

1. Corporation Name
WE CARE WORKERS COMPENSATION, INC.



Principal Place of Business: **1300 JOHNSON ROAD SPRINGDALE AR 72762**
Mailing Address: **1300 JOHNSON ROAD SPRINGDALE AR 72762**

3. Date Incorporated or Qualified: **12/26/1995**
3a. Date of Last Report: [Blank]
4. FEI Number: **71-0739492**
Applied For: [Blank] / 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 has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business: [Blank]
2a. Mailing Address: [Blank]
21. Suite, Apt. #, etc.: [Blank]
26. Suite, Apt. #, etc.: [Blank]
22. City & State: [Blank]
27. City & State: [Blank]
23. Zip: [Blank] Country: [Blank]
24. Zip: [Blank] Country: [Blank]
25. Zip: [Blank] Country: [Blank]
29. Zip: [Blank] Country: [Blank]
30. Zip: [Blank] Country: [Blank]

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81. Name: [Blank]
82. Street Address (P.O. Box Number is Not Acceptable): [Blank]
83. [Blank]
84. City: [Blank] State: **FL** 85. Zip Code: [Blank]

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: [Blank] Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: [Blank]

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	TOLLETT, LELAND	
STREET ADDRESS	2210 OAKLAWN DR.	
CITY-ST-ZIP	SPRINGDALE AR 72762-6999	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WRAY, DONALD E	
STREET ADDRESS	2210 OAKLAWN DR.	
CITY-ST-ZIP	SPRINGDALE AR 72762-6999	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	JAYCOX, WILLIAM	
STREET ADDRESS	2210 OAKLAWN DR.	
CITY-ST-ZIP	SPRINGDALE AR 72762-6999	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SERRANO, DAN	
STREET ADDRESS	2210 OAKLAWN DR.	
CITY-ST-ZIP	SPRINGDALE AR 72762-6999	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LEATHERBY, DENNIS	
STREET ADDRESS	2210 OAKLAWN DR.	
CITY-ST-ZIP	SPRINGDALE AR 72762-6999	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RUSH, MARY	
STREET ADDRESS	2210 OAKLAWN DR.	
CITY-ST-ZIP	SPRINGDALE AR 72762-6999	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 119.07(3)(k), 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: *Mary Rush Secretary* Mary Rush 03/08/96 501-290-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

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WE CARE WORKERS COMPENSATION, INC.

THE OFFICERS OF THE CORPORATION

<u>Title</u>	<u>Name</u>	<u>SS Number</u>	<u>Address</u>
Chairman	Don Tyson	431-54-2902	2210 W Oaklawn, Springdale, AR 72765
President & C.E.O.	Leland E. Tollett	431-72-3966	#6 Samoset Ct., Rogers, AR 72758
Chief Operating Officer	Donald E. Wray	429-76-7353	2601 Johnson Rd., Springdale, AR 72765
Executive Vice- President-Finance	Gerald Johnston	432-72-9144	940 Apple Blossom Ln., Springdale, AR 72764
Vice President & Treasurer	Wayne Britt	431-90-8292	2669 Sherwood Ln, Fayetteville, AR 72701
Secretary/Asst. Treasurer	Mary Rush	062-30-0931	PO Box 53, Prairie Grove, AR 72753
Asst. Treasurer	Dennis Leatherby	515-74-0976	806 Dorman, Springdale, AR 72765
Asst. Secretary	David Van Bebber	465-06-8181	2683 N.40th, Springdale, AR 72765
Corp. Controller	Gary Johnson	430-80-2625	3159 Timber Ridge Dr., Springdale, AR 72765
Asst. Controller	William Whitfield	243-94-3065	2901 Valley View Dr., Springdale, AR 72765