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**Jan 22 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

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 72762-6015**

3. Date Incorporated or Qualified 12/26/1995	3a. Date of Last Report 03/19/1996
4. FEI Number 71-0739492	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLLETT, LELAND	1.2 NAME	
STREET ADDRESS	2210 OAKLAWN DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	SPRINGDALE AR 72762-6999	1.4 CITY - ST - ZIP	SEE ATTACHED
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRAY, DONALD E	2.2 NAME	
STREET ADDRESS	2210 OAKLAWN DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	SPRINGDALE AR 72762-6999	2.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYSON, DON	3.2 NAME	
STREET ADDRESS	2210 W OAKLAWN	3.3 STREET ADDRESS	
CITY - ST - ZIP	SPRINGDALE AZ	3.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, GERALD	4.2 NAME	
STREET ADDRESS	940 APPLE BLOSSOM LN	4.3 STREET ADDRESS	
CITY - ST - ZIP	SPRINGDALE AZ	4.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEATHERBY, DENNIS	5.2 NAME	
STREET ADDRESS	2210 OAKLAWN DR.	5.3 STREET ADDRESS	
CITY - ST - ZIP	SPRINGDALE AR 72762-6999	5.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSH, MARY	6.2 NAME	
STREET ADDRESS	2210 OAKLAWN DR.	6.3 STREET ADDRESS	
CITY - ST - ZIP	SPRINGDALE AR 72762-6999	6.4 CITY - ST - ZIP	

14. I do 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, 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 **Mary Rush, Secretary** 01/09/97 (501) 290-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

WE CARE WORKERS COMPENSATION, INC.

THE OFFICERS OF THE CORPORATION

<u>Title</u>	<u>Name</u>	<u>SS Number</u>	<u>Address</u>
President	William Jaycox	495-48-6155	145 Woodcliff Ln., Springdale, AR 72765
Vice President	Dan Serrano		2210 Oaklawn Dr., Springdale, AR 72765
Secretary	Mary Rush	062-30-0931	PO Box 53, Prairie Grove, AR 72753
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

THE DIRECTORS OF THE CORPORATION

Leland E. Tollett

Donald E. Wray

William Jaycox