### FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 22 1997 8:00am

Secretary of State

#### Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

# DOCUMENT # F9500006266 (9)

WE CARE WORKERS COMPENSATION, INC.

				<b></b>					
Principa! Plac	Mailing Address	Address			#\$01100 11(\$ 10181 0(1)( 00)(1 00)(1 00)(1	BOLH BEND ON	4 likia bili		
1300 JOHNSO SPRINGDALE		1300 JOHNSON ROAD Springdale ar 72762-80	1300 JOHNSON ROAD SPRINGDALE AR 72762-6015						
						3. Date Incorporated or Qualified 12/26/1995	3a. Date 6		eport
2. Principal F	lace of Business	2a. Mailing Address			· · · · · · · · · · · · · · · · · · ·	4. FEI Number			oplied For
21		26				71-0739492	,	No	ot Applicable
Suite, Apt 22		Suite, Apt. #, etc. 27	Suite, Apt. #, etc. 27			5. Certificate of Status Desired	_		Additional equired
City & State City & State						Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Cou	Country		8. This corporation has liability for it	ntangible tax	under s	. 199.032,
24	25	29	30			Florida Statutes Yes No			
	9. Name and Address of Curren	it Registered Agent			10. Name and Address of New Registered Agent				
	CORPORATION SYSTEM			81	Name				
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					Street Addre	ess (P.O. Box Number is Not Acceptab	e)		
, 5				83		No. 16 16 16 16 16 16 16 16 16 16 16 16 16	<del> </del>		
				84					Code
11. Pursuant office or agent, I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga	oration submits this statement for the prior's board of directors. I hereby accep	urpose of ch t the appoint	anging it Iment as	s registered registered				
SIGNATURE							•		
SIGNATORE	Signature typed or printed name of registered age	nt and title if applicable (NOT	ff: Registered	J Age	int signature require	ed when reinstating)	DATE		
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DI	RECTOR	IS IN 12
TITLE	D	☐ DELETE	1.1 10	TLE				Change	☐ Addition
NAME	TOLLETT, LELAND		1.2 NA	ME					
STREEL ADDRESS 2210 OAKLAWN DR.			1.3 STREET		ADDRESS	CEE ATTACHED			
CITY-ST-ZIP	SPRINGDALE AR 72762-6999		1.4 CF	TY-S	T-ZiP	SEE ATTACHED			
THLE	D	DELETE	21 111	TLE				Change	Addition
NAME	WRAY, DONALD E		22 NA	ME					
STREET ADDRESS	2210 OAKLAWN DR.		23 ST	REET	ADDRESS				
CITY - S1 - ZIP	SPRINGDALE AR 72762-6999	M priese	_		ST-ZIP				
TITLE	D D	<b>▼</b> DELFTE	3 1 111				لــا	Change	Addition
NAME	TYSON, DON		32 NA						
STREET ADDRESS	2210 W OAKLAWN				ADDRESS				
CITY-ST-ZIP	SPRINGDALE AZ	DELETE	3 4. CI		ST-ZIP	<u></u>		- OL -	
TITLE	D OUNCTON OFFINE	E DELETE	4.1 Til				لــا	Change	Addition
NAME Banesa Appresso	JOHNSTON, GERALD		4 2 N						
STREET ADDRESS	940 APPLE BLOSSOM LN				ADDRESS	•			
CITY-ST-ZIP TITLE	SPRINGDALE AZ	☐ DELETE	4.4 DT		T-ZIP			Change	Addition
NAME	I LEATMEDDY DENING	L_1 DELLIE	5.1 Tri				ليا	Change	Addition
	LEATHERBY, DENNIS		5 2 NA		4000000				
STREET ADDRESS	2210 OAKLAWN DR.				ADDRESS				
CITY - S1 - ZIP TITLE	SPRINGDALE AR 72762-6999	DELETE	5.4 CI		1 - ZIP	***************************************		Change	☐ Addition
NAME	S DIEL MADY	m) pricit	61 TII				LJ	orienige	ריין אינטוווטטא נייין
STREET ADDRESS	RUSH, MARY		62 NA		*DDDCCC				
CITY CT 710	2210 OAKLAWN DR.				ADDRESS				

14. I do hereby certify that the information supplied with this filing does not qualify 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 placing on an attachment with an address.

Mary Rush, Secretary

01/09/97

(501) 290-4000

## WE CARE WORKERS COMPENSATION, INC.

### THE OFFICERS OF THE CORPORATION

<u>Title</u>	Name	SS Number	Address
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