


**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90003 012 \*\*\*300.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # F97000000315</b> 1. Corporation Name <b>NATIONAL COMP CARE INC.</b>		



Principal Place of Business		Mailing Address	
1300 JOHNSON RD. SPRINGDALE AR 72762		1300 JOHNSON RD. SPRINGDALE AR 72762	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21	26	01/21/1997	71-0773608
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For	Not Applicable
22	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	<input type="checkbox"/>	<input type="checkbox"/>
23	28	6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip	Country	Trust Fund Contribution	<input type="checkbox"/>
24	25	29	30
Zip	Country	8. This corporation owes the current year intangible Personal Property Tax	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

DO NOT WRITE IN THIS SPACE

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D
NAME	TOLLETT, LELAND	12 NAME	Britt, Wayne
STREET ADDRESS	2210 OAKLAWN DR.	13 STREET ADDRESS	2210 Oaklawn Dr.
CITY-ST-ZIP	SPRINGDALE AR 72762-6999	14 CITY-ST-ZIP	Springdale, AR 72762-6999
TITLE	D	21 TITLE	
NAME	WRAY, DONALD E	22 NAME	
STREET ADDRESS	2210 OAKLAWN DR.	23 STREET ADDRESS	
CITY-ST-ZIP	SPRINGDALE AR 72762-6999	24 CITY-ST-ZIP	
TITLE	DP	31 TITLE	DP
NAME	JAYCOX, WILLIAM	32 NAME	Johnson, Carl
STREET ADDRESS	2210 OAKLAWN DR.	33 STREET ADDRESS	2210 Oaklawn Dr.
CITY-ST-ZIP	SPRINGDALE AR 72762-6999	34 CITY-ST-ZIP	Springdale, AR 72762
TITLE	V	41 TITLE	V
NAME	SERRANO, DAN	42 NAME	Bornhoft, LaDonna
STREET ADDRESS	2210 OAKLAWN DR.	43 STREET ADDRESS	2210 Oaklawn Dr.
CITY-ST-ZIP	SPRINGDALE AR 72762-6999	44 CITY-ST-ZIP	Springdale, AR 72762
TITLE	ST	51 TITLE	
NAME	VANBEBBER, DAVID L	52 NAME	
STREET ADDRESS	2210 OAKLAWN DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	SPRINGDALE AR 72762-6999	54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 607, 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: LaDonna Bornhoft DATE: 4-21-99 DAYTIME PHONE #: (501) 290-2702

CR2E034 (11/98)