

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F93000002555**

1. Entity Name  
**ERGON, INC.**

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90029 001 \*\*\*150.00

Principal Place of Business <b>BOX 1308 JACKSON MS 39215</b>	Mailing Address <b>P.O. BOX 1308 JACKSON MS 39215-1308 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **64-0503423**  Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD LAMPTON, LESLIE B 2829 LAKELAND DR. JACKSON MS 39208</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSTD STONE, KATHRYN W 2829 LAKELAND DR. JACKSON MS 39208</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LAMPTON, LESLIE B III 2829 LAKELAND DR. JACKSON MS 39208</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LAMPTON, LEE C 2829 LAKELAND DR. JACKSON MS 39208</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LAMPTON, WILLIAM W 2829 LAKELAND DR JACKSON MS 39208</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LAMPTON, ROBERT H 2829 LAKELAND DR JACKSON MS 39208</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MS: [Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2-11-00** Daytime Phone # **(601) 933-3000**

CR2E034 (9/99)

C0022850

TITLE V  
NAME KIRK LATSON  
STREET ADDRESS 2829 LAKELAND DRIVE  
CITY-ST-ZIP JACKSON, MS 39208  
**\*\*DO NOT USE FOR MAILING\*\***

TITLE V  
NAME GAYLON BAUMGARDNER  
STREET ADDRESS 2829 LAKELAND DRIVE  
CITY-ST-ZIP JACKSON, MS 39208  
**\*\*DO NOT USE FOR MAILING\*\***

TITLE V  
NAME H. DON DAVIS  
STREET ADDRESS 2829 LAKELAND DRIVE  
CITY-ST-ZIP JACKSON, MS 39208  
**\*\*DO NOT USE FOR MAILING\*\***

TITLE V  
NAME J. BAXTER BURNS  
STREET ADDRESS 2829 LAKELAND DRIVE  
CITY-ST-ZIP JACKSON, MS 39208  
**\*\*DO NOT USE FOR MAILING\*\***

C0622850

ERGON, INC.

64-0503423

ATTACHMENT TO 2000 FLORIDA UNIFORM BUSINESS REPORT

11. OFFICERS OR DIRECTOR, TITLES AND ADDRESSES CONTINUED:

TITLE V  
NAME A. PATRICK BUSBY  
STREET ADDRESS 2829 LAKELAND DRIVE  
CITY-ST-ZIP JACKSON, MS 39208  
**\*\*DO NOT USE FOR MAILING\*\***

TITLE V  
NAME J. LARRY HARTNESS  
STREET ADDRESS 2829 LAKELAND DRIVE  
CITY-ST-ZIP JACKSON, MS 39208  
**\*\*DO NOT USE FOR MAILING\*\***

TITLE V  
NAME JOHN H. WALLACE  
STREET ADDRESS 2829 LAKELAND DRIVE  
CITY-ST-ZIP JACKSON, MS 39208  
**\*\*DO NOT USE FOR MAILING\*\***

TITLE V  
NAME C. ED HUDGINS  
STREET ADDRESS 2829 LAKELAND DRIVE  
CITY-ST-ZIP JACKSON, MS 39208  
**\*\*DO NOT USE FOR MAILING\*\***

TITLE V  
NAME PAUL YOUNG  
STREET ADDRESS 2829 LAKELAND DRIVE  
CITY-ST-ZIP JACKSON, MS 39208  
**\*\*DO NOT USE FOR MAILING\*\***

TITLE V  
NAME JANIS ERICKSON  
STREET ADDRESS 2829 LAKELAND DRIVE  
CITY-ST-ZIP JACKSON, MS 39208  
**\*\*DO NOT USE FOR MAILING\*\***

TITLE V  
NAME BONITA EDWARDS  
STREET ADDRESS 2829 LAKELAND DRIVE  
CITY-ST-ZIP JACKSON, MS 39208  
**\*\*DO NOT USE FOR MAILING\*\***

TITLE V  
NAME THOMAS R. O'NEILL  
STREET ADDRESS 2829 LAKELAND DRIVE  
CITY-ST-ZIP JACKSON, MS 39208  
**\*\*DO NOT USE FOR MAILING\*\***

TITLE V  
NAME KENNER HARRIS  
STREET ADDRESS 2613 GEROL DRIVE  
CITY-ST-ZIP GALVESTON, TX 77551