

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**  
 03-28-2002 90161 007 \*\*\*150.00

0304957 AT

**DOCUMENT # F93000002555**

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

Principal Place of Business

P.O. BOX 1308  
 JACKSON MS 39215  
 US

Mailing Address

P.O. BOX 1308  
 JACKSON MS 39215  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2002 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

TITLE	CD	<input type="checkbox"/> Delete
NAME	LAMPTON, LESLIE B	
STREET ADDRESS	2829 LAKELAND DR.	
CITY-ST-ZIP	JACKSON MS 39208	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	STONE, KATHRYN W	
STREET ADDRESS	2829 LAKELAND DR.	
CITY-ST-ZIP	JACKSON MS 39208	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LAMPTON, LESLIE B III	
STREET ADDRESS	2829 LAKELAND DR.	
CITY-ST-ZIP	JACKSON MS 39208	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LAMPTON, LEE C	
STREET ADDRESS	2829 LAKELAND DR.	
CITY-ST-ZIP	JACKSON MS 39208	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LAMPTON, WILLIAM W	
STREET ADDRESS	2829 LAKELAND DR	
CITY-ST-ZIP	JACKSON MS 39208	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LAMPTON, ROBERT H	
STREET ADDRESS	2829 LAKELAND DR	
CITY-ST-ZIP	JACKSON MS 39208	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

3-12-02 (601) 933-3000

Date

Daytime Phone #

CR2E034 (9/01)

ERGON, INC.

64-0503423

ATTACHMENT TO 2002 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 KENNER HARRIS  
STREET ADDRESS 2613 GEROL DRIVE  
CITY-ST-ZIP GALVESTON, TX 77551

TITLE V  
NAME KIRK LATSON  
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\*\***

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