

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90056 028 \*\*\*150.00

DOCUMENT # F93000002555

1. Corporation 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1993

4. FEI Number

64-0503423

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
CD  
LAMPTON, LESLIE B  
STREET ADDRESS  
2829 LAKELAND DR.  
CITY-ST-ZIP  
JACKSON MS 39208

TITLE ☐ DELETE

NAME  
VPDS  
STONE, KATHRYN W  
STREET ADDRESS  
2829 LAKELAND DR.  
CITY-ST-ZIP  
JACKSON MS 39208

TITLE ☐ DELETE

NAME  
PMD  
LAMPTON, LESLIE B III  
STREET ADDRESS  
2829 LAKELAND DR.  
CITY-ST-ZIP  
JACKSON MS 39208

TITLE ☐ DELETE

NAME  
POD  
LAMPTON, LEE C  
STREET ADDRESS  
2829 LAKELAND DR.  
CITY-ST-ZIP  
JACKSON MS 39208

TITLE ☐ DELETE

NAME  
PD  
LAMPTON, WILLIAM W  
STREET ADDRESS  
2829 LAKELAND DR  
CITY-ST-ZIP  
JACKSON MS 39208

TITLE ☐ DELETE

NAME  
PD  
LAMPTON, ROBERT H  
STREET ADDRESS  
2829 LAKELAND DR  
CITY-ST-ZIP  
JACKSON MS 39208

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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: MS.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-15-99 (601)933-3000

CD9E034 (11/01)

0549550

247051-90056-28  
F93000002555

ERGON, INC.

64-0503423

ATTACHMENT TO 1999 FLORIDA CORPORATION ANNUAL REPORT

12. OFFICERS OR DIRECTOR, TITLES AND ADDRESSES CONTINUED:

TITLE	V
NAME	A. PATRICK BUSBY
STREET ADDRESS	2829 LAKE LAND DRIVE
CITY-ST-ZIP	JACKSON, MS 39208
	<b>**DO NOT USE FOR MAILING**</b>

TITLE	V
NAME	J. LARRY HARTNESS
STREET ADDRESS	2829 LAKE LAND DRIVE
CITY-ST-ZIP	JACKSON, MS 39208
	<b>**DO NOT USE FOR MAILING**</b>

TITLE	V
NAME	JOHN H. WALLACE
STREET ADDRESS	2829 LAKE LAND DRIVE
CITY-ST-ZIP	JACKSON, MS 39208
	<b>**DO NOT USE FOR MAILING**</b>

TITLE	V
NAME	C. ED HUDGINS
STREET ADDRESS	2829 LAKE LAND DRIVE
CITY-ST-ZIP	JACKSON, MS 39208
	<b>**DO NOT USE FOR MAILING**</b>

TITLE	V
NAME	PAUL YOUNG
STREET ADDRESS	2829 LAKE LAND DRIVE
CITY-ST-ZIP	JACKSON, MS 39208
	<b>**DO NOT USE FOR MAILING**</b>

TITLE	V
NAME	JANIS ERICKSON
STREET ADDRESS	2829 LAKE LAND DRIVE
CITY-ST-ZIP	JACKSON, MS 39208
	<b>**DO NOT USE FOR MAILING**</b>

TITLE	V
NAME	BONITA EDWARDS
STREET ADDRESS	2829 LAKE LAND DRIVE
CITY-ST-ZIP	JACKSON, MS 39208
	<b>**DO NOT USE FOR MAILING**</b>

TITLE	V
NAME	THOMAS R. O'NEILL
STREET ADDRESS	2829 LAKE LAND DRIVE
CITY-ST-ZIP	JACKSON, MS 39208
	<b>**DO NOT USE FOR MAILING**</b>

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

24 1051-40056-28  
F93000002555

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

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

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

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