

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90157 031 ***150.00

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

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**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Jackson MS 39232	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Jackson MS 39232	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Jackson MS 39232	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Jackson MS 39232	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Jackson MS 39232	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Jackson MS 39232	

12. 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 10 or Block 11 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

1-24-03

Date

Daytime Phone #

CR2E034 (10/02)

ERGON, INC.
64-0503423

ATTACHMENT TO 2003 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 39232
	DO NOT USE FOR MAILING

TITLE	V
NAME	J. LARRY HARTNESS
STREET ADDRESS	2829 LAKELAND DRIVE
CITY-ST-ZIP	JACKSON, MS 39232
	DO NOT USE FOR MAILING

TITLE	V
NAME	JOHN H. WALLACE
STREET ADDRESS	2829 LAKELAND DRIVE
CITY-ST-ZIP	JACKSON, MS 39232
	DO NOT USE FOR MAILING

TITLE	V
NAME	C. ED HUDGINS
STREET ADDRESS	2829 LAKELAND DRIVE
CITY-ST-ZIP	JACKSON, MS 39232
	DO NOT USE FOR MAILING

TITLE	V
NAME	PAUL YOUNG
STREET ADDRESS	2829 LAKELAND DRIVE
CITY-ST-ZIP	JACKSON, MS 39232
	DO NOT USE FOR MAILING

TITLE	V
NAME	JANIS ERICKSON
STREET ADDRESS	2829 LAKELAND DRIVE
CITY-ST-ZIP	JACKSON, MS 39232
	DO NOT USE FOR MAILING

TITLE	V
NAME	BONITA EDWARDS
STREET ADDRESS	2829 LAKELAND DRIVE
CITY-ST-ZIP	JACKSON, MS 39232
	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 39232
	DO NOT USE FOR MAILING

Attachment

30028820
793000002555

ERGON, INC.

64-0503423

ATTACHMENT TO 2003 FLORIDA UNIFORM BUSINESS REPORT

11. OFFICERS OR DIRECTOR, TITLES AND ADDRESSES CONTINUED:

TITLE	V
NAME	H. DON DAVIS
STREET ADDRESS	2829 LAKELAND DRIVE
CITY-ST-ZIP	JACKSON, MS 39232
	DO NOT USE FOR MAILING

TITLE	V
NAME	J. BAXTER BURNS
STREET ADDRESS	2829 LAKELAND DRIVE
CITY-ST-ZIP	JACKSON, MS 39232
	DO NOT USE FOR MAILING

TITLE	V
NAME	ALAN WALL
STREET ADDRESS	2829 LAKELAND DRIVE
CITY-ST-ZIP	JACKSON, MS 39232
	DO NOT USE FOR MAILING

TITLE	V
NAME	RON GLENN
STREET ADDRESS	2829 LAKELAND DRIVE
CITY-ST-ZIP	JACKSON, MS 39232
	DO NOT USE FOR MAILING

TITLE	V
NAME	GAYLON BAUMBARDNER
STREET ADDRESS	2829 LAKELAND DRIVE
CITY-ST-ZIP	JACKSON, MS 39232
	DO NOT USE FOR MAILING

Attachment

30025820

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