

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000004146

**Entity Name:** ERGON ASPHALT & EMULSIONS, INC.**Current Principal Place of Business:**2829 LAKELAND DR.  
FLOWOOD, MS 39232**Current Mailing Address:**P. O. BOX 23028  
JACKSON, MS 39225-3028**FEI Number:** 64-0666411**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CD  
Name LAMPTON, WILLIAM W  
Address P. O. BOX 23028  
City-State-Zip: JACKSON MS 39225-3028

Title DIRECTOR  
Name LAMPTON, ROBERT H  
Address P. O. BOX 23028  
City-State-Zip: JACKSON MS 39225-3028

Title PRESIDENT, DIRECTOR  
Name NATION, PATRICK  
Address P. O. BOX 23028  
City-State-Zip: JACKSON MS 39225-3028

Title VP  
Name PATRICK, KRIS  
Address P. O. BOX 23028  
City-State-Zip: JACKSON MS 39225-3028

Title SECRETARY  
Name STONE, KATHRYN W  
Address P. O. BOX 23028  
City-State-Zip: JACKSON MS 39225-3028

Title VP  
Name BAUMGARDNER, GAYLON  
Address P. O. BOX 23028  
City-State-Zip: JACKSON MS 39225-3028

Title VP, CFO  
Name WALL, ALAN  
Address P.O. BOX 23028  
City-State-Zip: JACKSON MS 39225-3028

Title DIRECTOR  
Name JOHNSON, GARY  
Address P.O. BOX 23028  
City-State-Zip: JACKSON MS 39225-3028

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALAN WALL

EXEC VP &amp; CFO

04/25/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	TREASURER
Name	HODGES, KENNETH E
Address	P.O. BOX 23028
City-State-Zip:	JACKSON MS 39225-3028