FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 4:43

DOCUMENT # F93000002555 (1)

1. Corporation Name
ERGON, INC.

Principal Place of Business	Mailing Address
P. O. BOX 1639 JACKSON MS 39215-1639	P. O. BOX 1639 JACKSON MS 39215-1639

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/26/1993
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDP	1.1 TITLE	☐ Change ☐ Addition
NAME	LAMPTON, LESLIE B	1.2 NAME	
STREET ADDRESS	2829 LAKELAND DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39208	1.4 CITY-ST-ZIP	
TITLE	VDST	2.1 TITLE	☐ Change ☐ Addition
NAME	STONE, KATHRYN W	2.2 NAME	
STREET ADDRESS	2829 LAKELAND DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39208	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	☐ Change ☐ Addition
NAME	LAMPTON, LESLIE B III	3.2 NAME	
STREET ADDRESS	2829 LAKELAND DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39208	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	☐ Change ☐ Addition
NAME	LAMPTON, LEE C	4.2 NAME	
STREET ADDRESS	2829 LAKELAND DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39208	4.4 CITY-ST-ZIP	
TITLE	DV	5.1 TITLE	☐ Change ☐ Addition
NAME	LAMPTON, WILLIAM W	5.2 NAME	
STREET ADDRESS	2829 LAKELAND DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39208	5.4 CITY-ST-ZIP	
TITLE	DV	6.1 TITLE	☐ Change ☐ Addition
NAME	LAMPTON, ROBERT H	6.2 NAME	
STREET ADDRESS	2829 LAKELAND DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39208	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: MS. Kathy Stone 1-30-95 (601) 933-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0478080 FP

ERGON, INC.
64-0503423

ATTACHMENT TO 1994 FLORIDA CORPORATION ANNUAL REPORT

12. OFFICERS AND DIRECTORS - CONTINUED:

TITLE	V
NAME	GEORGE D. ISHEE
STREET ADDRESS	2829 LAKELAND DRIVE **DO NOT USE FOR MAILING**
CITY-ST-ZIP	JACKSON, MS 39208

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

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

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

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