

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F93000002555 (1)

1. Corporation Name
ERGON, INC.



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

Registered Agent
 P. O. BOX 1639
 JACKSON MS 39215-1639

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. No.	26. State, Apt. No.
22. City & State	27. City & State
23. Zip	28. Zip
24. County	29. County
25. County	30. County

3. Date Incorporation or Qualified	3a. Date of Last Report
05/26/1993	02/06/1995
4. FCI Number	Applied For Not Applicable
64-0503423	
5. Continuity of Status Desired	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032 Florida Statute	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current 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. City	
84. State	FL
85. Zip Code	

11. I, the undersigned, president of Section 13(b)(1) Florida Statute, the above named corporation, submit this statement for the purpose of changing its registered office of principal place of business in the State of Florida. Such change is made under the authority of the corporation's board of directors. I hereby accept the appointment as registered agent. I am fully aware of and accept the duties of said registered agent in the State of Florida.

SIGNATURE

12. PRESIDENTS AND DIRECTORS	
NAME: CDP LAMPTON, LESLIE B	<input type="checkbox"/> DELETED
STREET ADDRESS: 2829 LAKELAND DR. JACKSON MS 39208	
CITY, STATE, ZIP: VDST JACKSON MS 39208	<input type="checkbox"/> DELETED
NAME: STONE, KATHRYN W	
STREET ADDRESS: 2829 LAKELAND DR. JACKSON MS 39208	
CITY, STATE, ZIP: DV JACKSON MS 39208	<input type="checkbox"/> DELETED
NAME: LAMPTON, LESLIE B III	
STREET ADDRESS: 2829 LAKELAND DR. JACKSON MS 39208	
CITY, STATE, ZIP: DV JACKSON MS 39208	<input type="checkbox"/> DELETED
NAME: LAMPTON, LEE C	
STREET ADDRESS: 2829 LAKELAND DR. JACKSON MS 39208	
CITY, STATE, ZIP: DV JACKSON MS 39208	<input type="checkbox"/> DELETED
NAME: LAMPTON, WILLIAM W	
STREET ADDRESS: 2829 LAKELAND DR. JACKSON MS 39208	
CITY, STATE, ZIP: DV JACKSON MS 39208	<input type="checkbox"/> DELETED
NAME: LAMPTON, ROBERT H	
STREET ADDRESS: 2829 LAKELAND DR. JACKSON MS 39208	
CITY, STATE, ZIP: DV JACKSON MS 39208	<input type="checkbox"/> DELETED

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 1996	
1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	
3. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
5. STREET ADDRESS	
6. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	
8. STREET ADDRESS	
9. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this document is true and accurate and that my signature shall have the same legal effect as if made under oath. This filing is subject to the provisions of the Uniform Payment of Fees Act, Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing. I am a resident of the State of Florida.

SIGNATURE: MS. Kathryn W. Stone
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-96 (601)933-3000

CR2E034 (12/95)

ERGON, INC.
64-0503423

ATTACHMENT TO 1996 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