

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

**FILED**  
**Mar 21 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 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**

Mailing Address  
**P. O. BOX 1639**  
**JACKSON MS 39215-1639**

2. Principal Place of Business  
 21 State, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 County

2a. Mailing Address  
 26 State, Apt. #, etc.  
 27 City & State  
 28 Zip  
 29 Country

3. Date Incorporated or Qualified **05/26/1993** 3a. Date of Last Report **02/14/1996**  
 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**

**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 willing with and accept the obligations of Section 607.0505, Florida Statutes.

**SIGNATURE**

(NOTE: Registered Agent signature required when resigning) DATE

**12. OFFICERS AND DIRECTORS**

NAME	CDP	<input type="checkbox"/> DELETE
STREET ADDRESS	LAMPTON, LESLIE B	
CITY-ST-ZIP	2829 LAKELAND DR.	
	JACKSON MS 39208	
NAME	VDST	<input type="checkbox"/> DELETE
STREET ADDRESS	STONE, KATHRYN W	
CITY-ST-ZIP	2829 LAKELAND DR.	
	JACKSON MS 39208	
NAME	DV	<input type="checkbox"/> DELETE
STREET ADDRESS	LAMPTON, LESLIE B III	
CITY-ST-ZIP	2829 LAKELAND DR.	
	JACKSON MS 39208	
NAME	DV	<input type="checkbox"/> DELETE
STREET ADDRESS	LAMPTON, LEE C	
CITY-ST-ZIP	2829 LAKELAND DR.	
	JACKSON MS 39208	
NAME	DV	<input type="checkbox"/> DELETE
STREET ADDRESS	LAMPTON, WILLIAM W	
CITY-ST-ZIP	2829 LAKELAND DR	
	JACKSON MS 39208	
NAME	DV	<input type="checkbox"/> DELETE
STREET ADDRESS	LAMPTON, ROBERT H	
CITY-ST-ZIP	2829 LAKELAND DR	
	JACKSON MS 39208	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am authorized by the board 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.** *Sandra B. Mortham*  
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-18-97** **(601)933-3000**  
 Date Telephone Number

CR2E034 (9/96)

ERGON, INC.  
64-0503423

ATTACHMENT TO 1997 FLORIDA CORPORATION ANNUAL REPORT

12. OFFICERS AND DIRECTORS - CONTINUED:

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GEORGE D. ISHEE	
STREET ADDRESS	2829 LAKELAND DRIVE	**DO NOT USE FOR MAILING**
CITY-ST-ZIP	JACKSON, MS 39208	

TITLE	V	<input type="checkbox"/> DELETE
NAME	J. LARRY HARTNESS	
STREET ADDRESS	2829 LAKELAND DRIVE	**DO NOT USE FOR MAILING**
CITY-ST-ZIP	JACKSON, MS 39208	

TITLE	V	<input type="checkbox"/> DELETE
NAME	JOHN H. WALLACE	
STREET ADDRESS	2829 LAKELAND DRIVE	**DO NOT USE FOR MAILING**
CITY-ST-ZIP	JACKSON, MS 39208	

TITLE	V	<input type="checkbox"/> DELETE
NAME	A. PATRICK BUSBY	
STREET ADDRESS	2829 LAKELAND DRIVE	**DO NOT USE FOR MAILING**
CITY-ST-ZIP	JACKSON, MS 39208	

TITLE	V	<input type="checkbox"/> DELETE
NAME	C. ED HUDGINS	
STREET ADDRESS	2829 LAKELAND DRIVE	**DO NOT USE FOR MAILING**
CITY-ST-ZIP	JACKSON, MS 39208	