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Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/26/1993

4. FEI Number
64-0503423

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
 21 **P.O. BOX 1308**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **P.O. BOX 1308**
 Suite, Apt. #, etc.

22
 27

23 City & State
Jackson, MS

28 City & State
Jackson, MS

24 Zip
39215-1308

25 Country

29 Zip
39215-1308

30 Country

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDP <input type="checkbox"/> DELETE	1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMPTON, LESLIE B	1.2 NAME	Lampton, Leslie B.
STREET ADDRESS	2829 LAKELAND DR.	1.3 STREET ADDRESS	2829 Lakeland Dr.
CITY-ST-ZIP	JACKSON MS 39208	1.4 CITY-ST-ZIP	JACKSON, MS 39208
TITLE	VDSI <input type="checkbox"/> DELETE	2.1 TITLE	Senior VP/D/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, KATHRYN W	2.2 NAME	Stone, Kathryn W.
STREET ADDRESS	2829 LAKELAND DR.	2.3 STREET ADDRESS	2829 Lakeland Dr.
CITY-ST-ZIP	JACKSON MS 39208	2.4 CITY-ST-ZIP	JACKSON, MS 39208
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	P-Marketing Div. / D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMPTON, LESLIE B III	3.2 NAME	Lampton, Leslie B. III
STREET ADDRESS	2829 LAKELAND DR.	3.3 STREET ADDRESS	2829 Lakeland Dr.
CITY-ST-ZIP	JACKSON MS 39208	3.4 CITY-ST-ZIP	JACKSON, MS 39208
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	P- Operations Division / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMPTON, LEE C	4.2 NAME	Lampton, Lee C.
STREET ADDRESS	2829 LAKELAND DR.	4.3 STREET ADDRESS	2829 Lakeland Dr.
CITY-ST-ZIP	JACKSON MS 39208	4.4 CITY-ST-ZIP	JACKSON, MS 39208
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	P- Asphalt Division / D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMPTON, WILLIAM W	5.2 NAME	Lampton, William W.
STREET ADDRESS	2829 LAKELAND DR	5.3 STREET ADDRESS	2829 Lakeland Dr.
CITY-ST-ZIP	JACKSON MS 39208	5.4 CITY-ST-ZIP	JACKSON, MS 39208
TITLE	DV <input type="checkbox"/> DELETE	6.1 TITLE	P-Supply & Dist. Div. / D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMPTON, ROBERT H	6.2 NAME	Lampton, Robert H.
STREET ADDRESS	2829 LAKELAND DR	6.3 STREET ADDRESS	2829 Lakeland Dr.
CITY-ST-ZIP	JACKSON MS 39208	6.4 CITY-ST-ZIP	JACKSON, MS 39208

14. 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 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. [Signature]** **3-11-98 (601)933-3000**

CR2E034 (10/97)

ERGON, INC.
64-0503423
ATTACHMENT TO 1998 FLORIDA CORPORATION ANNUAL REPORT

12. OFFICERS OR DIRECTORS, TITLES AND ADDRESSES-CONTINUED:

TITLE SENIOR VP-OPERATIONS/ENGINEERING
NAME J. LARRY HARTNESS
STREET ADDRESS 2829 LAKELAND DR
CITY-ST-ZIP JACKSON, MS 39208
****DO NOT USE FOR MAILING**

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

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

TITLE VP-NAPHTHENIC OIL MARKETING
NAME C. ED HUDGINS
STREET ADDRESS 2829 LAKELAND DR.
CITY-ST-ZIP JACKSON, MS 39208
****DO NOT USE FOR MAILING**

TITLE VP-TECHNICAL MARKETING & DEVELOPMENT
NAME GAYLON BAUMGARDNER
STREET ADDRESS 2829 LAKELAND DR.
CITY-ST-ZIP JACKSON, MS 39208
****DO NOT USE FOR MAILING**

TITLE EXEC. VP-MANUFACTURING & PLANNING
NAME H. DON DAVIS
STREET ADDRESS 2829 LAKELAND DR.
CITY-ST-ZIP JACKSON, MS 39208
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ERGON, INC.

64-0503423

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12. OFFICERS OR DIRECTORS, TITLES AND ADDRESSES-CONTINUED:

TITLE VP-ASPHALT
NAME J. BAXTER BURNS
STREET ADDRESS 2829 LAKELAND DR.
CITY-ST-ZIP JACKSON, MS 39208
****DO NOT USE FOR MAILING**

TITLE VP-CRUDE OIL
NAME THOMAS R. O'NEILL
STREET ADDRESS 2829 LAKELAND DR.
CITY-ST-ZIP JACKSON, MS 39208
****DO NOT USE FOR MAILING**

TITLE VP-CRUDE OIL
NAME KENNER HARRIS
STREET ADDRESS 2613 GEROL DRIVE
CITY-ST-ZIP GALVESTON, TX 77551

TITLE VP-ENGINEERING/ENVIRONMENTAL
NAME PAUL W. YOUNG
STREET ADDRESS 2829 LAKELAND DR.
CITY-ST-ZIP JACKSON, MS 39208
****DO NOT USE FOR MAILING**

TITLE VP-RISK MANAGEMENT
NAME JANIS H. ERIKSON
STREET ADDRESS 2829 LAKELAND DR.
CITY-ST-ZIP JACKSON, MS 39208
****DO NOT USE FOR MAILING**

TITLE VP-CLEAN PRODUCT SALES
NAME KIRK LATSON
STREET ADDRESS 2829 LAKELAND DR.
CITY-ST-ZIP JACKSON, MS 39208
****DO NOT USE FOR MAILING**

TITLE VP-CONTROLLER
NAME BONITA EDWARDS
STREET ADDRESS 2829 LAKELAND DR.
CITY-ST-ZIP JACKSON, MS 39208
****DO NOT USE FOR MAILING**