


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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90056 028 ***150.00

0649550

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000002555
 1. Corporation Name
ERGON, INC.

Principal Place of Business P.O. BOX 1308 JACKSON MS 39215 US	Mailing Address P.O. BOX 1308 JACKSON MS 39215 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 05/26/1993	Applied For Not Applicable
4. FEI Number 64-0503423	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <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**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	LAMPTON, LESLIE B	
STREET ADDRESS	2829 LAKELAND DR.	
CITY-ST-ZIP	JACKSON MS 39208	
TITLE	VPDS	<input type="checkbox"/> DELETE
NAME	STONE, KATHRYN W	
STREET ADDRESS	2829 LAKELAND DR.	
CITY-ST-ZIP	JACKSON MS 39208	
TITLE	PMD	<input type="checkbox"/> DELETE
NAME	LAMPTON, LESLIE B III	
STREET ADDRESS	2829 LAKELAND DR.	
CITY-ST-ZIP	JACKSON MS 39208	
TITLE	POD	<input type="checkbox"/> DELETE
NAME	LAMPTON, LEE C	
STREET ADDRESS	2829 LAKELAND DR.	
CITY-ST-ZIP	JACKSON MS 39208	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LAMPTON, WILLIAM W	
STREET ADDRESS	2829 LAKELAND DR	
CITY-ST-ZIP	JACKSON MS 39208	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LAMPTON, ROBERT H	
STREET ADDRESS	2829 LAKELAND DR	
CITY-ST-ZIP	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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VISIT/O
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	P/O
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	P/O
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 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, with all other like empowered.

SIGNATURE: MS. *Katherine Harris* **2-15-99 (601)933-3000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR29034 (11/98)

247051-90056-28
F93000002555

ERGON, INC.
64-0503423
ATTACHMENT TO 1999 FLORIDA CORPORATION ANNUAL REPORT

12. OFFICERS OR DIRECTOR, TITLES AND ADDRESSES CONTINUED:

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

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

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

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

TITLE V
NAME PAUL YOUNG
STREET ADDRESS 2829 LAKE LAND DRIVE
CITY-ST-ZIP JACKSON, MS 39208
****DO NOT USE FOR MAILING****

TITLE V
NAME JANIS ERICKSON
STREET ADDRESS 2829 LAKE LAND DRIVE
CITY-ST-ZIP JACKSON, MS 39208
****DO NOT USE FOR MAILING****

TITLE V
NAME BONITA EDWARDS
STREET ADDRESS 2829 LAKE LAND DRIVE
CITY-ST-ZIP JACKSON, MS 39208
****DO NOT USE FOR MAILING****

TITLE V
NAME THOMAS R. O'NEILL
STREET ADDRESS 2829 LAKE LAND DRIVE
CITY-ST-ZIP JACKSON, MS 39208
****DO NOT USE FOR MAILING****

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

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F93000002555

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
KIRK LATSON
2829 LAKELAND DRIVE
JACKSON, MS 39208
****DO NOT USE FOR MAILING****

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
GAYLON BAUMGARDNER
2829 LAKELAND DRIVE
JACKSON, MS 39208
****DO NOT USE FOR MAILING****

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
H. DON DAVIS
2829 LAKELAND DRIVE
JACKSON, MS 39208
****DO NOT USE FOR MAILING****

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
J. BAXTER BURNS
2829 LAKELAND DRIVE
JACKSON, MS 39208
****DO NOT USE FOR MAILING****