

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002555

Entity Name: ERGON, INC.**Current Principal Place of Business:**2829 LAKELAND DR
FLOWOOD, MS 39232**Current Mailing Address:**P.O. BOX 1639
JACKSON, MS 39215-1639 US**FEI Number:** 64-0503423**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	SECRETARY
Name	STONE, KATHRYN W
Address	2829 LAKELAND DR.
City-State-Zip:	FLOWOOD MS 39232

Title	DIRECTOR, CHAIRMAN, PRESIDENT
Name	LAMPTON, WILLIAM W
Address	2829 LAKELAND DR
City-State-Zip:	FLOWOOD MS 39232

Title	DIRECTOR, PRESIDENT
Name	LAMPTON, ROBERT H
Address	2829 LAKELAND DR
City-State-Zip:	FLOWOOD MS 39232

Title	VP, CFO
Name	WALL, ALAN
Address	2829 LAKELAND DR
City-State-Zip:	FLOWOOD MS 39232

Title	VP
Name	YOUNG, PAUL
Address	2829 LAKELAND DR
City-State-Zip:	FLOWOOD MS 39232

Title	VP, TREASURER
Name	HODGES, KENNETH E
Address	2829 LAKELAND DR
City-State-Zip:	FLOWOOD MS 39232

Title	PRESIDENT
Name	PATRICK, KRIS
Address	2829 LAKELAND DR
City-State-Zip:	FLOWOOD MS 39232

Title	VP
Name	WITT, NATHAN
Address	2829 LAKELAND DR
City-State-Zip:	FLOWOOD MS 39232

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALAN WALL**EXECUTIVE VP AND CFO** 04/14/2025_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title VP
Name BRANNON, JANA
Address 2829 LAKELAND DR
City-State-Zip: FLOWOOD MS 39232

Title DIRECTOR
Name KNUDSON, THOMAS
Address 2829 LAKELAND DRIVE
City-State-Zip: FLOWOOD MS 39232

Title DIRECTOR
Name HADDOX, EMMITTE J
Address 2829 LAKELAND DR
City-State-Zip: FLOWOOD MS 39232

Title DIRECTOR
Name LAMPTON, LESLIE BARTON IV
Address 2829 LAKELAND DR
City-State-Zip: FLOWOOD MS 39232

Title DIRECTOR
Name HAUGH, DOUG
Address 2829 LAKELAND DR
City-State-Zip: FLOWOOD MS 39232

Title PRESIDENT
Name LAMPTON, LESLIE B III
Address 2829 LAKELAND DR
City-State-Zip: FLOWOOD MS 39232

Title VP
Name PASTOREK, JOEL
Address 2829 LAKELAND DRIVE
City-State-Zip: FLOWOOD MS 39232

Title VP
Name PUCKETT, LANCE
Address 2829 LAKELAND DR
City-State-Zip: FLOWOOD MS 39232

Title DIRECTOR
Name WALKER, AMY LAMPTON
Address 2829 LAKELAND DR
City-State-Zip: FLOWOOD MS 39232

Title DIRECTOR
Name GILBANE, THOMAS JR
Address 2829 LAKELAND DR
City-State-Zip: FLOWOOD MS 39232

Title VP
Name NATION, PATRICK
Address 2829 LAKELAND DR
City-State-Zip: FLOWOOD MS 39232

Title PRESIDENT
Name LAMPTON, LEE C
Address 2829 LAKELAND DR
City-State-Zip: FLOWOOD MS 39232