


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 15, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 857793**  
 1. Entity Name  
**R. L. ZEIGLER CO., INC.**



Principal Place of Business      Mailing Address  
**3201 KAULOOSA AVE**      **3201 KAULOOSA AVE**  
**P.O. BOX 1640**      **P.O. BOX 1640**  
**TUSCALOOSA, AL 35403-1640**      **TUSCALOOSA, AL 35403-1640**

**DO NOT WRITE IN THIS SPACE**



05122006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**63-0517772**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution        **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FITZGERALD, W. K. 3700 BLACKBERRY LANE NORTHPORT, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HINTON, JAMES L. (CHRMN) 1007 HARGROVE ROAD, EAST TUSCALOOSA, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEPHENS, W.LACKEY 810 OVERLOOK RD.,N. TUSCALOOSA, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 05/20/06-80114-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Beverley A. Taylor    Beverley A. Taylor    5/11/06    205-758-3621  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #