

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

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



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

Mailing Address  
 3201 KAULOOSA AVE  
 P.O. BOX 1640  
 TUSCALOOSA, AL 35403-1640



04282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 63-0517772

Applied For  
 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**  
**After May 1, 2008 Fee will be \$550.00**

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

U00000945639  
 05/30/08-80015-016 150.00

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE IN THIS SPACE**

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 Jones Date 4/28/08 Daytime Phone # 205 7583162