


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90378 022 \*\*\*150.00

<b>DOCUMENT # 857793</b> 1. Entity Name <b>R. L. ZEIGLER CO., INC.</b>	
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Principal Place of Business <b>3201 KAULOOSA AVE P.O. BOX 1640 TUSCALOOSA, AL 35403-1640</b>	Mailing Address <b>3201 KAULOOSA AVE P.O. BOX 1640 TUSCALOOSA, AL 35403-1640</b>
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**DO NOT WRITE IN THIS SPACE**



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>63-0517772</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  
  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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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	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. 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 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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>4/27/04</b> <small>Date</small>	<b>(205) 758-3621</b> <small>Daytime Phone #</small>
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