

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
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

DO NOT WRITE IN THIS SPACE



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 63-0517772	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retesting)

DATE

000000758720

05/24/07-80055-017 150.00

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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**

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

Beverly A. Taylor Beverly A. Taylor

1/10/07 205-758-3621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #