

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 817139

Entity Name: TRAYLOR BROS., INC.**Current Principal Place of Business:**835 N. CONGRESS AVE.
EVANSVILLE, IN 47715**Current Mailing Address:**835 N. CONGRESS AVE. (47715)
P.O. BOX 5165
EVANSVILLE, IN 47716-5165 US**FEI Number:** 35-0799154**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
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 CEOC
Name TRAYLOR, THOMAS W
Address 835 N CONGRESS AVENUE
City-State-Zip: EVANSVILLE IN 47715

Title T
Name SCHMIDT, DENNIS A
Address 835 N CONGRESS AVENUE
City-State-Zip: EVANSVILLE IN 47715

Title VD
Name WILLIAMSON, GEORGE E
Address 20470 MOCKINGBIRD ROAD
City-State-Zip: BODEGA BAY CA 94923

Title PRESIDENT/D
Name TRAYLOR, MICHAEL T.
Address 3050 E. AIRPORT WAY
City-State-Zip: LONG BEACH FL 90806

Title PD
Name TRAYLOR, CHRISTOPHER S
Address 835 N CONGRESS AVENUE
City-State-Zip: EVANSVILLE IN 47715

Title S
Name OWEN, STEVEN S
Address 835 N. CONGRESS AVE.
City-State-Zip: EVANSVILLE IN 47715

Title V
Name PIRTLE, THAD L
Address 835 N CONGRESS AVE
City-State-Zip: EVANSVILLE IN 47716-5165

Title VP
Name BARTOW, DONALD C.
Address 835 N. CONGRESS AVE.
City-State-Zip: EVANSVILLE IN 47715

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: STEVEN S. OWEN**SECRETARY****03/19/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date