

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000002491

**Entity Name:** T.M. ALPHIN, INC.

**Current Principal Place of Business:**

128 WINDY KNOLL LN.  
MOORESVILLE, NC 28117

**Current Mailing Address:**

128 WINDY KNOLL LN.  
MOORESVILLE, NC 28117 US

**FEI Number:** 59-3417178

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ALPHIN, THOMAS MSR.  
128 WINDY KNOLL LN.  
MOORESVILLE, N. C., FL 28117 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 VP  
Name ALPHIN, THOMAS M  
Address 128 WINDY KNOLL LANE  
City-State-Zip: MOORESVILLE NC 28117

Title PT  
Name ALPHIN, RIENE T  
Address 128 WINDY KNOLL LANE  
City-State-Zip: MOORESVILLE NC 28117

*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:** THOMAS M ALPHIN

VP

01/27/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date