

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

95 MAY 10 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F93000004261 (4)**  
1. Corporation Name  
**COLONIAL PROPERTIES HOLDING COMPANY, INC.**

Principal Place of Business <b>ENERGEN PLAZA 2101 SIXTH AVENUE NORTH, SUITE 750 BIRMINGHAM AL 35202</b>	Mailing Address <b>ENERGEN PLAZA 2101 SIXTH AVENUE NORTH, SUITE 750 BIRMINGHAM AL 35202</b>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/20/1993</b>	3a. Date of Last Report <b>03/21/1994</b>
4. FEI Number <b>63-1098465</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under §. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature: Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LOWDER, THOMAS H
STREET ADDRESS	C/O 2101 SIXTH AVENUE NORTH
CITY - ST - ZIP	BIRMINGHAM AL 35202
TITLE	V
NAME	NELSON, HOWARD B JR.
STREET ADDRESS	C/O 2101 SIXTH AVENUE NORTH
CITY - ST - ZIP	BIRMINGHAM AL 35202
TITLE	VCFO
NAME	NUNNELLEY, DOUGLAS B
STREET ADDRESS	C/O 2101 SIXTH AVENUE NORTH
CITY - ST - ZIP	BIRMINGHAM AL 35202
TITLE	V
NAME	HUGHEY, JOHN N
STREET ADDRESS	C/O 2101 SIXTH AVENUE NORTH
CITY - ST - ZIP	BIRMINGHAM AL 35202
TITLE	V
NAME	MCGEEHEE, CHARLES A
STREET ADDRESS	C/O 2101 SIXTH AVENUE NORTH
CITY - ST - ZIP	BIRMINGHAM AL 35202
TITLE	V
NAME	MOSS, JOHN L
STREET ADDRESS	C/O 2101 SIXTH AVENUE NORTH
CITY - ST - ZIP	BIRMINGHAM AL 35202

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if the report, or on an attachment with an address.

SIGNATURE: *Kevin J. Howell* 1/26/95 205-250-8801  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1204 HAYS STREET  
TALLAHASSEE, FL 32304  
904-222-9171  
904-222-0393 FAX

800-342-8086



RECEIVED  
95 MAY 10 PM 2:20  
DIVISION OF CORPORATION

ACCOUNT NO. : 072100000032  
REFERENCE : 596607 4905A  
AUTHORIZATION : *Patricia Pizzuto*  
COST LIMIT : \$ 233.75

ORDER DATE : May 10, 1995

ORDER TIME : 10:46 AM

800001483058

ORDER NO. : 596607

CUSTOMER NO: 4905A

CUSTOMER: Tiki Garrett, Legal Assistant

ANNUAL REPORT FILING

NAME: COLONIAL PROPERTIES HOLDING  
COMPANY, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: PATTY PIZZUTO

EXAMINER'S INITIALS:

*AM*