

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # F93000004261 (4)**

1. Corporation Name

**COLONIAL PROPERTIES HOLDING COMPANY, INC.**



Principal Place of Business Mailing Address  
**ENERGEN PLAZA** **ENERGEN PLAZA**  
**2101 SIXTH AVENUE NORTH, SUITE 750** **2101 SIXTH AVENUE NORTH, SUITE 750**  
**BIRMINGHAM AL 35202** **BIRMINGHAM AL 35202**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

3. Date Incorporated or Qualified  
**09/20/1993**

3a. Date of Last Report  
**05/10/1995**

4. FEI Number

**63-1098465**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LOWDER, THOMAS H	
STREET ADDRESS	C/O 2101 SIXTH AVENUE NORTH	
CITY-ST-ZIP	BIRMINGHAM AL 35202	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NELSON, HOWARD B JR.	
STREET ADDRESS	C/O 2101 SIXTH AVENUE NORTH	
CITY-ST-ZIP	BIRMINGHAM AL 35202	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	NUNNELLEY, DOUGLAS B	
STREET ADDRESS	C/O 2101 SIXTH AVENUE NORTH	
CITY-ST-ZIP	BIRMINGHAM AL 35202	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HUGHEY, JOHN N	
STREET ADDRESS	C/O 2101 SIXTH AVENUE NORTH	
CITY-ST-ZIP	BIRMINGHAM AL 35202	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCGEHEE, CHARLES A	
STREET ADDRESS	C/O 2101 SIXTH AVENUE NORTH	
CITY-ST-ZIP	BIRMINGHAM AL 35202	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MOSS, JOHN L	
STREET ADDRESS	C/O 2101 SIXTH AVENUE NORTH	
CITY-ST-ZIP	BIRMINGHAM AL 35202	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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 changed, or on an attachment with an address.

SIGNATURE:

*Douglas B. Nunnelley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 13, 1996 205/250800

Date Daytime Phone #

CR2E034 (12/95)