

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 # **F94000004077 (3)**

1. Corporation Name

MID-AMERICA APARTMENT COMMUNITIES, INC.



Principal Place of Business

Mailing Address

6584 POPLAR AVE.
SUITE 340
MEMPHIS TN 38138

6584 POPLAR AVE.
SUITE 340
MEMPHIS TN 38138

3. Date Incorporated or Qualified 08/05/1994	3a. Date of Last Report 03/15/1995
4. FEI Number 62-1543819	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 then applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CATES, GEORGE E	
STREET ADDRESS	6584 POPLAR AVE.	
CITY- ST- ZIP	MEMPHIS TN 38138	
TITLE	V	<input type="checkbox"/> DELETE
NAME	REED, DELOIS A	
STREET ADDRESS	6584 POPLAR AVE.	
CITY- ST- ZIP	MEMPHIS TN 38138	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JOHNSON, LYNN A	
STREET ADDRESS	6584 POPLAR AVE.	
CITY- ST- ZIP	MEMPHIS TN 38138	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WADSWORTH, SIMON R.C.	
STREET ADDRESS	6584 POPLAR AVE.	
CITY- ST- ZIP	MEMPHIS TN 38138	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAWKINS, O. MASON	
STREET ADDRESS	6584 POPLAR AVE.	
CITY- ST- ZIP	MEMPHIS TN 38138	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOLLENBACH, STEPHEN F	
STREET ADDRESS	6584 POPLAR AVE.	
CITY- ST- ZIP	MEMPHIS TN 38138	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	200001734292
4.4 CITY- ST- ZIP	-03/06/96--01065--023
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	***400.00
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JOHN J. BYRNE, III
6.3 STREET ADDRESS	6584 POPLAR AVE.
6.4 CITY- ST- ZIP	MEMPHIS, TN 38138

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: *Sandra B. Mortham* Secretary of State 1/31/96 901-682-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)