

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Feb 12 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000004077 (3)
1. Corporation Name
MID-AMERICA APARTMENT COMMUNITIES, INC.



Principal Place of Business 6584 POPLAR AVE. SUITE 340 MEMPHIS TN 38138	Mailing Address 6584 POPLAR AVE. SUITE 340 MEMPHIS TN 38138-0615
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3. Date Incorporated or Qualified 08/05/1994	3a. Date of Last Report 03/06/1996
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21. Principal Place of Business Suite, Apt #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt #, etc.	27. City & State	28. Zip	29. Country	30. Country
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4. FEI Number 62-1543819	Applied For <input type="checkbox"/> 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	

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: _____ DATE: _____
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-stating)

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 checked="" type="checkbox"/> DELETE
NAME	REED, DELOIS A	
STREET ADDRESS	6584 POPLAR AVE.	
CITY - ST - ZIP	MEMPHIS TN 38138	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	JOHNSON, LYNN A	
STREET ADDRESS	6584 POPLAR AVE.	
CITY - ST - ZIP	MEMPHIS TN 38138	
TITLE	VD	<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 type="checkbox"/> DELETE
NAME	BRYANT, JOHN J III	
STREET ADDRESS	6584 POPLAR AVE SUITE 340	
CITY - ST - ZIP	MEMPHIS TN 38138	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	C/O CATES, GEORGE E.
1.3 STREET ADDRESS	6584 POPLAR AVE.
1.4 CITY - ST - ZIP	MEMPHIS, TN 38138
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	H. ERIC BOLTON
2.3 STREET ADDRESS	6584 POPLAR AVE
2.4 CITY - ST - ZIP	MEMPHIS, TN 38138
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BYRNE JOHN J 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Simon R.C. Wadsworth* **1/24/97** **901-682-6600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CP2E034 (9/96)