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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90020 049 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000004077

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
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DO NOT WRITE IN THIS SPACE

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	Zip 29
Country 25	Country 30

3. Date Incorporated or Qualified 08/05/1994	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 62-1543819	
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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input 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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	CD	<input type="checkbox"/> DELETE
NAME	CATES, GEORGE E	
STREET ADDRESS	6584 POPLAR AVE.	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BOLTON, H. ERIC	
STREET ADDRESS	6584 POPLAR AVE	
CITY-ST-ZIP	MEMPHIS-TN 38138	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MARTINI, MARK S.	
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 checked="" type="checkbox"/> DELETE
NAME	BYRNE, JOHN J. III	
STREET ADDRESS	6584 POPLAR AVE.	
CITY-ST-ZIP	MEMPHIS TN	

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 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	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Ralph Horn	
6.3 STREET ADDRESS	6584 Poplar Avenue, Suite 340	
6.4 CITY-ST-ZIP	Memphis, TN 38138	

14. I 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, with all other like empowered.

SIGNATURE: MARY S. MARTINI **REQUIRED** 2-15-99 901 682-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)