

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 # F95000006222 (2)

1. Corporation Name

MERRY LAND APARTMENT COMMUNITIES, INC.



Principal Place of Business

Mailing Address

624 ELLIS STREET
AUGUSTA GA 30901

624 ELLIS STREET
AUGUSTA GA 30901

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

30

3. Date Incorporated or Qualified

12/21/1995

3a. Date of Last Report

4. FEI Number

58-2180965

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

500001795655
-04/26/96--01020--035

83

84 City

***200.00

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CCEO ☐ DELETE

NAME KNOX, PETER S III
STREET ADDRESS 624 ELLIS STREET
CITY-ST-ZIP AUGUSTA GA 30901

TITLE PD ☐ DELETE

NAME HOUSTON, W. T
STREET ADDRESS 624 ELLIS STREET
CITY-ST-ZIP AUGUSTA GA 30901

TITLE V ☐ DELETE

NAME BAILEY, JOSEPH P III
STREET ADDRESS 624 ELLIS STREET
CITY-ST-ZIP AUGUSTA GA 30901

TITLE VT ☐ DELETE

NAME BENTON, RONALD J
STREET ADDRESS 624 ELLIS STREET
CITY-ST-ZIP AUGUSTA GA 30901

TITLE VAS ☐ DELETE

NAME GREEN, DORRIE E
STREET ADDRESS 624 ELLIS STREET
CITY-ST-ZIP AUGUSTA GA 30901

TITLE V ☐ DELETE

NAME THOMPSON, MICHAEL N
STREET ADDRESS 624 ELLIS STREET
CITY-ST-ZIP AUGUSTA GA 30901

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DS
Barnett, W. H. A. C.
624 ELLIS ST.
AUGUSTA, GA 30901

D
Merry, Pierce JR
624 ELLIS ST.
AUGUSTA, GA 30901

O
Long, Hugh C II
624 ELLIS ST.
AUGUSTA, GA 30901

simons, Ralph S. JR
624 ELLIS ST.
AUGUSTA, GA 30901

NU
Speed, Stewart R
624 ELLIS ST.
AUGUSTA, GA 30901

AO
Rauddolph, Linan H
624 ELLIS ST.
AUGUSTA, GA 30901

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:

David E. Green
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/96

706-722-6736

CR2E034 (12/95)