

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

624 ELLIS STREET
AUGUSTA GA 30901

Mailing Address

624 ELLIS STREET
AUGUSTA GA 30901-1434

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

12/21/1995

3a. Date of Last Report

04/25/1996

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 COEO ☒ 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME C BOONE KNOX
1.3 STREET ADDRESS 624 ELLIS ST.
1.4 CITY-ST-ZIP Augusta, GA 30901

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME John Gibson
2.3 STREET ADDRESS 624 ELLIS STREET
2.4 CITY-ST-ZIP Augusta, GA 30901

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Jay Simons
3.3 STREET ADDRESS 624 ELLIS ST.
3.4 CITY-ST-ZIP Augusta, GA 30901

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 named, or on an attachment with an address.

SIGNATURE

FILED
Aug 12 1997 8:00am
Secretary of State



CR2E034 (9/96)