

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morrison
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY 01 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000001182 (5)

1. Corporation Name

KIEKLAND'S OF GOVERNOR'S SQUARE MALL, TALLAHASSEE, FL,
INC.

Principal Place of Business

Mailing Address

P.O. Box 7222
JACKSON, TN 38308-7222

P.O. Box 7222
JACKSON, TN 38308-7222

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1993

3a. Date of Last Report

04/20/1994

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3156777

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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 fee application)

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D
NAME CARL KIEKLAND
STREET ADDRESS 1069 COUNTRY CLUB LANE
CITY ST ZIP JACKSON, TN 38305

1 NAME
2 NAME
3 STREET ADDRESS
4 CITY ST ZIP

☐ Change ☐ Addition
600001471686
-05/02/95--01147--018
******200.00 ****200.00**

TITLE V/D
NAME ROBERT KIEKLAND
STREET ADDRESS 1109 ROBINHOOD
CITY ST ZIP UNION CITY, TN 38261

1 NAME
2 NAME
3 STREET ADDRESS
4 CITY ST ZIP

☐ Change ☐ Addition

TITLE S/V/D
NAME ROBERT ALDERSON
STREET ADDRESS 24 WHITFIELD COVE
CITY ST ZIP JACKSON, TN 38305

1 NAME
2 NAME
3 STREET ADDRESS
4 CITY ST ZIP

☐ Change ☐ Addition

TITLE V/D
NAME BRUCE MOORE
STREET ADDRESS 18922 BALMORE PINES LN.
CITY ST ZIP HUNTERVILLE, NC 28078

1 NAME
2 NAME
3 STREET ADDRESS
4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

1 NAME
2 NAME
3 STREET ADDRESS
4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

1 NAME
2 NAME
3 STREET ADDRESS
4 CITY ST ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

Robert Alderson VP/Sec

4/18/95

701-668-2444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

5-1-95