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 # F9400001558 (5)

KIRKLAND'S OF ORLANDO FASHION SQUARE, ORLANDO, F L, INC.

Principal Place of Business

Mailing Address

FILED										
May 05 1997 8:00am										
Secretary of State										



805 NORTH PA		PO BOX 7222 JACKSON TN 38308-7222				Ì							
and the same			US				II	Date Incorporated or 03/29/1994	Qualified	alified 3a. Date of Last Report 03/26/1996			
2. Principal Pl	ace of Business	2a. Mailing Address					FEI Number		1 00,0		oplied For		
21		26					59-3217243			No	ot Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5.	Certificate of Status D	esired	\$8.75 Additional Fee Required			
City & State			City & State				Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
Zip	Cou	Country Zip Cou				ry	8.	This corporation has I	iability for it	ntangible t	ax under s	199.032,	
24	25						Florida Statutes						
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent													
CT	CORPORATION S	YSTEM			{	81 Name							
1200	SOUTH PINE ISL	82 Street Add			Address (P.	ddress (P.O. Box Number is Not Acceptable)							
PLAI	NTATION FL 33324			[6	3			· · ·	· · · · · · · · · · · · · · · · · · ·	······································			
					<u> </u>	4 City					85 Zip (Code	
						City				FL	2.ib	Dode	
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 r	ame of registered agent.	and tille it applicable.	(NO14	: Registered	Agent signatur	re required when			DATE	···-		
12.		OFFICERS AND			13.		A	ADDITIONS/CHANGES	TO OFFIC				
TITLE	DP		L (DELETE	1,1 7171	E					Change	Addition	
NAME	KIRKLAND, CAR				1,2 NAM	IE.						i	
STREET ADDRESS	805 NORTH PARKWAY				- 1,3 STR	13 STREET ADDRESS				1			
CITY-ST-ZIP	JACKSON TN		- K-1			- S1 - ZIP					1.61	——————————————————————————————————————	
TITLE	VD		الكها	ELETE	2.1 TITL					ļ	Change	☐ Addition	
NAME	KIRKLAND, ROB			2.2 NAME									
STREET ADDRESS	1100 ROBINHO			2.3 STREET ADDRESS									
CITY-ST-ZIP	UNION CITY TN			NEL CAT		Y-S1-ZIP					Change	Addition	
TITLE	VD		ا لیا	DELETE	3 1 TITL						Grange	Addition	
NAME	MOORE, BRUCE				3,2 NAN								
STREET ADDRESS	805 NORTH PAR	KWAY				EET ADDRESS	i						
CITY-ST-ZIP	JACKSON TN			DELETE		Y-ST-ZIP			· · · · · · · · · · · · · · · · · · ·		Change	Addition	
TITLE	SVD	nent		ALLEIE	4.1 1111						CHOING.	- Addition	
NAME	ALDERSON, RO				4 2 NA	-						i	
STREET ADDRESS	805 NORTH PAR	INWAT				EET ADDRESS	·						
CITY-ST-ZIP	JACKSON TN		<u> </u>	DELETE	4.4 CIT	'-ST-ZIP	 				Change	▼ Addition	
TOTLE			٠.	JILLIL			LOWELL	Pugn			C.J Onungo	the transition	
NAME					5.2 NAN		SAC A	PARKWAY					
STREET ADDRESS						EFT ADDRESS		N, TH 88305					
CITY-ST-ZIP				DELFTE		r - ST - ZiP	OACI-201	M IN 01205			Change	★ Addition	
TITLE				ALT I	61 1111		, <u>-</u>	Scoggius			ا vitaliye ريـــ	Acres Control	
NAME					6 2 NAt		CONVIE	DCDGG/N>					
STREET ADDRESS						EET ADDRESS	1805 N	PARKWAY W, TN 38305	-				
CITY-ST-ZIP	hi hadifu that the infe	resistion cumplied	with this files door	not puoli		Y-ST-7IP		ction 119 07(3)(i) Flor		e I further	cortify that	t the	

1 to nereby certify that the information supplied with the filing does not quality for the exemption stated in Section 119.07(3)(i), Frortia Statutes. Fluring referring that the information indicated on this annual report or supplied intal 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 conjouration or the rejectiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if manged, or on an attachment with an address.

CICHATURE.

WILLE SCAGGLUS TEEAS. 4/14/97 901-668-244