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 # **F94000006250 (4)**

1. Corporation Name

KIRKLAND'S OF BRANDON TOWN CENTER, TAMPA, FL, IN C.

Principal Place of Business	Mailing Address
P.O. BOX 722 JACKSON TN 38308	P. O. BOX 7222 JACKSON TN 38308 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: **12/07/1994**

3a. Date of Last Report: **06/20/1995**

4. FEI Number: **59-3286776** ☐ 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

CT 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

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KIRKLAND, CARL		1.2 NAME		
STREET ADDRESS	1069 COUNTRY CLUB LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSON TN 38305		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KIRKLAND, ROBERT		2.2 NAME		
STREET ADDRESS	ROBIN HOOD LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	UNION CITY TN 38261		2.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MOORE, BRUCE		3.2 NAME		
STREET ADDRESS	805 N PARKWAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSON TN		3.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	4.1 TITLE	✓	☐ Change ☒ Addition
NAME	ALDERSON, ROBERT		4.2 NAME		
STREET ADDRESS	26 WHITFIELD COVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSON TN 38305		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 added to the report or is otherwise entered in the records of the corporation.

SIGNATURE: Robert Alderson ROBERT ALDERSON 3/15/96 901-668-2444

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