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FILED
Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

P.O. BOX 722
JACKSON TN 38308

Mailing Address

P. O. BOX 7222
JACKSON TN 38308-7222
US



3. Date Incorporated or Qualified

12/07/1994

3a. Date of Last Report

03/26/1996

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

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

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

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 DP ☐ DELETE
NAME KIRKLAND, CARL
STREET ADDRESS 1069 COUNTRY CLUB LANE
CITY-ST-ZIP JACKSON TN 38305

TITLE DV ☒ DELETE
NAME KIRKLAND, ROBERT
STREET ADDRESS ROBIN HOOD LANE
CITY-ST-ZIP UNION CITY TN 38261

TITLE DV ☐ DELETE
NAME MOORE, BRUCE
STREET ADDRESS 805 N PARKWAY
CITY-ST-ZIP JACKSON TN

TITLE DS ☐ DELETE
NAME ALDERSON, ROBERT
STREET ADDRESS 28 WHITFIELD COVE
CITY-ST-ZIP JACKSON TN 38305

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 LOWELL PUGH
5.3 STREET ADDRESS 805 N. PARKWAY
5.4 CITY-ST-ZIP JACKSON, TN 38305

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME CONNIE SCOGGINS
6.3 STREET ADDRESS 805 N. PARKWAY
6.4 CITY-ST-ZIP JACKSON, TN 38305

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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CONNIE SCOGGINS, TREAS. 4/16/97 701-668-2444

Date

Daytime Phone #

0499578

CR2E034 (9/96)