SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Aug 04, 1999 8:00 am
Secretary of State

08-04-1999 90012 009 ***550.00

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000006250✓

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

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

City & State (23)

City & State (28)

Zip (24) Country (25)

Zip (29) Country (30)

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 owes the current year intangible Personal Property. ☐ 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ALDERSON, ROBERT		3.2 NAME	
STREET ADDRESS	26 WHITFIELD COVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON TN 38305		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PUGH, LOWELL		4.2 NAME	
STREET ADDRESS	805 N PARKWAY		4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON TN		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SCOGGINS, CONNIE		5.2 NAME	
STREET ADDRESS	805 N PARKWAY		5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON TN		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	

See attached

14. I 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: Lowell Pugh, Secretary 7-21-99 901-668-2444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/99)

600886-9001277
F940000006250

KIRKLAND'S, INC.
805 N. PARKWAY
P.O. BOX 7222
JACKSON, TENNESSEE 38308-7222
(901) 668-2444

FAX:
ADMIN./LEASING (901) 664-9345
PURCHASING (901) 668-5071
ACCTS. PAYABLE (901) 664-4480
SALES AUDIT
INVENTORY CONTROL

OFFICERS:

Chariman/CEO: Carl Kirkland
805 North Parkway
Jackson, TN 38305

President/COO: Robert Alderson
805 North Parkway
Jackson, TN 38305

Chief Financial Officer: Reynolds Faulkner
805 North Parkway
Jackson, TN 38305

Asst. Vice President/Secretary: Lowell Pugh
805 North Parkway
Jackson, TN 38305

Treasurer: Connie Scoggins
805 North Parkway
Jackson, TN 38305

DIRECTORS:

ALDERSON, ROBERT
Kirkland's, Inc.
805 North Parkway
Jackson, TN 38305

KIRKLAND, CARL
Kirkland's, Inc.
805 North Parkway
Jackson, TN 38305

ORR, R. WILSON, III
SSM Corporation
845 Crossover Lane, Suite 140
Memphis, TN 38117

FAULKER, REYNOLDS C.
Kirkland's, Inc.
805 North Parkway
Jackson, TN 38305

MCGRATH, ALEXANDER
Capital Resource Partners
85 Merrimac Street, Suite 200
Boston, MA 02114

MUSSAFER, DAVID
Advent International Corporation
101 Federal Street
Boston, MA 02110

OSWALD, JOHN P.
CT Capital International, Inc.
575 5th Ave., 40th Floor
New York, NY 10017