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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 # F95000002643 (3)

1. Corporation Name

KIRKLAND'S OF SANTA ROSA MALL, FORT WALTON, FL,
INC.

Principal Place of Business

805 NORTH PARKWAY
JACKSON TN 38305

Mailing Address

PO BOX 7222
JACKSON TN 38308-7222
US



3. Date Incorporated or Qualified

05/30/1995

3a. Date of Last Report

03/26/1996

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

4. FEI Number

59-3299409

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

C T 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	PD	<input type="checkbox"/> DELETE
NAME	KIRKLAND, CARL	
STREET ADDRESS	805 NORTH PARKWAY	
CITY - ST - ZIP	JACKSON TN 38305	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KIRKLAND, ROBERT	
STREET ADDRESS	1109 ROBINHOOD LN	
CITY - ST - ZIP	UNION CITY TN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MOORE, BRUCE	
STREET ADDRESS	805 NORTH PARKWAY	
CITY - ST - ZIP	JACKSON TN 38305	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ALDERSON, ROBERT	
STREET ADDRESS	805 NORTH PARKWAY	
CITY - ST - ZIP	JACKSON TN 38305	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LOWELL PUGH
5.3 STREET ADDRESS	805 N. PARKWAY
5.4 CITY - ST - ZIP	JACKSON, TN 38305
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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

901-668-2444

Date

Daytime Phone

CR2E034 (9/96)