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 # **F95000002644 (1)**

1. Corporation Name

KIRKLAND'S OF PANAMA CITY MALL, PANAMA CITY, FL, INC.

Principal Place of Business	Mailing Address
805 NORTH PARKWAY JACKSON TN 38305	805 NORTH PARKWAY JACKSON TN 38305

3. Date Incorporated or Qualified: **05/30/1995**

3a. Date of Last Report:

4. FEI Number: **59-3305777** ☐ 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	2a. Mailing Address
21	26 P.O. Box 7222
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 JACKSON, TN
Zip 24 / Country 25	Zip 29 38308 / Country 30

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 Section 607.0502 and 607.1005, 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KIRKLAND, CARL		1.2 NAME		
STREET ADDRESS	805 NORTH PARKWAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSON TN 38305		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KIRKLAND, ROBERT		2.2 NAME		
STREET ADDRESS	805 NORTH PARKWAY		2.3 STREET ADDRESS	1109 ROBINHOOD LN.	
CITY-ST-ZIP	JACKSON TN 38305		2.4 CITY-ST-ZIP	UNION CITY, TN 38261	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MOORE, BRUCE		3.2 NAME		
STREET ADDRESS	805 NORTH PARKWAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSON TN 38305		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE	✓	☐ Change ☒ Addition
NAME	ALDERSON, ROBERT		4.2 NAME		
STREET ADDRESS	805 NORTH PARKWAY		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		

14. I do hereby certify that the information supplied with this filing is true. I further 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 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 above with an address.

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

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

CR2E034 (12/95)