

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000002644 (1)

1. Corporation Name

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

Principal Place of Business

805 NORTH PARKWAY
JACKSON TN 38305

Mailing Address

PO BOX 7222
JACKSON TN 38308-7222
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		05/30/1995	03/26/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-3305777	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				<input type="checkbox"/> Yes <input type="checkbox"/> No	
81 Name				10. Name and Address of New Registered Agent	
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				85 Zip Code	
				FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRKLAND, ROBERT	2.2 NAME	
STREET ADDRESS	1109 ROBINHOOD LN	2.3 STREET ADDRESS	
CITY - ST - ZIP	UNION CITY TN	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	SDV	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDERSON, ROBERT	4.2 NAME	
STREET ADDRESS	805 NORTH PARKWAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSON TN	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	LOWELL PUGH
STREET ADDRESS		5.3 STREET ADDRESS	805 N. PARKWAY
CITY - ST - ZIP		5.4 CITY - ST - ZIP	JACKSON, TN 38305
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	CONNIE SCOGGINS
STREET ADDRESS		6.3 STREET ADDRESS	805 N. PARKWAY
CITY - ST - ZIP		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

0499577

CR2E034 (9/96)