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 # **F95000004573 (0)**

1. Corporation Name

KIRKLAND'S OF COASTLAND MALL, NAPLES, FL, INC.

Principal Place of Business

PO BOX 7222
JACKSON TN 38308

Mailing Address

PO BOX 7222
JACKSON TN 38308

3. Date Incorporated or Qualified: 09/20/1995

3a. Date of Last Report:

4. FEI Number: ~~APPLIED FOR~~ 59-3331569 — 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 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 607.0302 and 607.0505, 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 of Registered Agent or Officer of Registered Agent — Date

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	KIRKLAND, CARL	
STREET ADDRESS	805 N. PARKWAY	
CITY-ST-ZIP	JACKSON TN 38305	
TITLE	VD	☐ DELETE
NAME	KIRKLAND, ROBERT	
STREET ADDRESS	805 N. PARKWAY	
CITY-ST-ZIP	JACKSON TN 38305	
TITLE	VD	☐ DELETE
NAME	MOORE, BRUCE	
STREET ADDRESS	805 N. PARKWAY	
CITY-ST-ZIP	JACKSON TN 38305	
TITLE	SD	☐ DELETE
NAME	ALDERSON, ROBERT	
STREET ADDRESS	805 N. PARKWAY	
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	1109 ROBINHOOD LN.	
2-4 CITY-ST-ZIP	UNION CITY, TN 38261	
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		
5-3 STREET ADDRESS		
5-4 CITY-ST-ZIP		
6-1 TITLE		☐ Change ☐ Addition
6-2 NAME		
6-3 STREET ADDRESS		
6-4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is accurate, complete and does not qualify for the exemption stated in Section 119.07(3)(k), 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 a 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 is added in Block 13 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)