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FILED

May 02 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000005819 (5)

1. Corporation Name

KIRKLAND'S OF INDIAN RIVER MALL, VERO BEACH, FL,  
INC.

Principal Place of Business

805 NORTH PARKWAY  
JACKSON TN 38305

Mailing Address

805 NORTH PARKWAY  
JACKSON TN 38305-3033

3. Date Incorporated or Qualified

11/07/1986

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

29

Country

30

4. FEI Number

APPLIED FOR 65-0696007

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. 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 ☐ DELETENAME KIRKLAND, CARL  
STREET ADDRESS 805 NORTH PARKWAY  
CITY-ST-ZIP JACKSON TN 38305TITLE VSTD ☐ DELETENAME ALDERSON, ROBERT  
STREET ADDRESS 805 NORTH PARKWAY  
CITY-ST-ZIP JACKSON TN 38305TITLE DV ☐ DELETENAME MOORE, BRUCE  
STREET ADDRESS 13801 REESE BLVD., W. SUITE 310  
CITY-ST-ZIP HUNTERVILLE NC 28708TITLE D ☐ DELETENAME ORR, R W III  
STREET ADDRESS 845 CROSSOVER LANE SUITE 140  
CITY-ST-ZIP MEMPHIS TN 38117TITLE D ☐ DELETENAME MUSSAFER, DAVID  
STREET ADDRESS 101 FEDERAL STREET  
CITY-ST-ZIP BOSTON MA 02110TITLE D ☐ DELETENAME OSWALD, JOHN P  
STREET ADDRESS 575 5TH AVE 40TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10017

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

2.4 CITY-ST-ZIP

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 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT ALDERSON, VP/SEC. 4/16/97 901-668-2444

CR2E034 (9/96)