


5-15-98 B 7403 C  
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FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1996

4. FEI Number

65-0696007

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

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 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 ☐ DELETE

NAME PD  
KIRKLAND, CARL  
STREET ADDRESS 805 NORTH PARKWAY  
CITY-ST-ZIP JACKSON TN 38305

TITLE ☐ DELETE

NAME VSTD  
ALDERSON, ROBERT  
STREET ADDRESS 805 NORTH PARKWAY  
CITY-ST-ZIP JACKSON TN 38305

TITLE ☒ DELETE

NAME DV  
MOORE, BRUCE  
STREET ADDRESS 13801 REESE BLVD., W. SUITE 310  
CITY-ST-ZIP HUNTERVILLE NC 28708

TITLE ☐ DELETE

NAME D  
ORR, R W III  
STREET ADDRESS 845 CROSSOVER LANE SUITE 140  
CITY-ST-ZIP MEMPHIS TN 38117

TITLE ☐ DELETE

NAME D  
MUSSAFER, DAVID  
STREET ADDRESS 101 FEDERAL STREET  
CITY-ST-ZIP BOSTON MA 02110

TITLE ☐ DELETE

NAME D  
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 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:

Conrad S. Scrimshaw

4-21-98

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CR2E034 (10/97)