

FILED  
May 05 1997 8:00am  
Secretary of State



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Moham**  
Secretary of State  
DIVISION OF CORPORATIONS

1. Corporation Name

**KIRKLAND'S OF TYRONE SQUARE, ST. PETERSBURG, FL.  
INC.**

Principal Place of Business	Mailing Address
805 N. PARKWAY JACKSON TN 38305	805 N. PARKWAY JACKSON TN 38305-3033

3. Date Incorporated or Qualified 11/13/1996	3a. Date of Last Report
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<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b>		<b>26</b>	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
<b>22</b>		<b>27</b>	
	City & State		City & State
<b>23</b>		<b>28</b>	
	Zip		Zip
	Country		Country
<b>24</b>		<b>29</b>	
<b>25</b>		<b>30</b>	

4. FEI Number	APPLIED FOR 59-3401535	Applied For
		Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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8. 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		81
1200 SOUTH PINE ISLAND ROAD		
PLANTATION FL 33324		82

**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 office or registered agent, or both, in the State of Florida. Such change was authorized by the agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

I, \_\_\_\_\_, Secretary of the above-named corporation submits this statement for the purpose of changing its registered office by the corporation's board of directors. I hereby accept the appointment as registered office.

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE Register)

Agent's signature required when reinstalling)

DATE \_\_\_\_\_

12.		OFFICERS AND DIRECTORS	
TITLE	PD		<input type="checkbox"/> DELETE
NAME	KIRKLAND, CARL		
STREET ADDRESS	805 N. PARKWAY		
CITY - ST - ZIP	JACKSON TN 38305		
TITLE	VSTD		<input type="checkbox"/> DELETE
NAME	ALDERSON, ROBERT		
STREET ADDRESS	805 N. PARKWAY		
CITY - ST - ZIP	JACKSON TN 38305		
TITLE	VD		<input type="checkbox"/> DELETE
NAME	MOORE, BRUCE		
STREET ADDRESS	13801 REESE BLVD W., SUITE 310		
CITY - ST - ZIP	HUNTERSVILLE NC 28078		
TITLE	D		<input type="checkbox"/> DELETE
NAME	ORR, R. WILSON III		
STREET ADDRESS	845 CROSSOVER LANE, SUITE 140		
CITY - ST - ZIP	MEMPHIS TN 38117		
TITLE	D		<input type="checkbox"/> DELETE
NAME	MUSSAFER, DAVID		
STREET ADDRESS	101 FEDERAL ST		
CITY - ST - ZIP	BOSTON MA 02110		
TITLE	D		<input type="checkbox"/> DELETE
NAME	OSWALD, JOHN P		
STREET ADDRESS	575 5TH AVE, 40TH FLOOR		
CITY - ST - ZIP	NEW YORK NY 10017		

19		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1	F	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2	MC		
1.3	REET ADDRESS		
1.4	/- ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.1	E		
2.2	AE		
2.3	REET ADDRESS		
2.4	Y- ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.1	E		
3.2	HE		
3.3	E1 ADDRESS		
3.4	- ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.1			
4.2	AE		
4.3	E1 ADDRESS		
4.4	ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.1			
5.2			
5.3	T ADDRESS		
5.4	ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.1			
6.2			
6.3	T ADDRESS		
6.4	ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for information indicated on this annual report or supplemental annual report is true and I am an officer or director of the corporation or the receiver or trustee empowered appears in Block 12 or Block 13 if granted, or on an attachment with an address

description stated in Section 119.07(3)(i), Florida Statutes. I further certify that the  
rate and that my signature shall have the same legal effect as if made under oath, that  
to the report as required by Chapter 807, Florida Statutes; and that my name

**SIGNATURE:**

4. A. DESSA) VP/SEC. 4/16/97 901-668-2444

CR2E034 (9/96)