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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600005906 (0)

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

FILED May 15 1998 8:00am Secretary of State

INC.									
•	ce of Business	Mailing Address					1 MISTO COOK MASS	10 M151 10M1	
905 N. PARK JÁCKSON TI		805 N. PARKWAY							
JAVAOUN II	1 30303	JACKSON TN 38305	SHOROOM IN SOSUS			DO NOT WRITE IN THIS S	SPACE		
						3. Date Incorporated or Qualified 11/13/1996			
2. Principal I	Place of Business	2a. Mailing Address				4. FEI Number	TAn	plied For	
21		26	26			59-3401535	_ 	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt #, etc.				\$8.75 A		
22		27				5. Certificate of Status Desired	Fee Re	quired	
City & State		Cily & State				6. Election Campaign Financing	\$5.00	May Be	
Zip Country		28				Trust Fund Contribution	Added t	o Fees	
	<u> </u>			try		8. This corporation owes or has paid the curr			
24	9. Name and Address of Current	Registered Agent	30			Personal Property Tax due June 30. 10. Name and Address of New Registered A		No No	
С	T CORPORATION SYSTEM			31 Na	me	10. Hamo and Adalogs of New Hogistered	Apolit		
	00 \$O UTH PINE ISLAND ROAD								
PLANTATION FL 33324			;	32 Str	eet Addre	ess (P.O. Box Number is Not Acceptable)			
			1	33					
			ļ.	A 05					
			- '	34 Cit	У	FL	85 Zip C	Jode	
11. Pursuant office or	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Statut of Florida, Such change was	es, the ab- authorized	ove-nar by the	ned corpo corporatio	pration submits this statement for the purpose of on's board of directors. I hereby accept the applications	changing its	s registered registered	
ageni. ra	am familiar with, and accept the obligat	tions of, Section 60 7.0505 , Flo	orida Statu	les.					
SIGNATURE	Signalure, typed or proted name of registered agest	Limital trip it would cable (NO)	f Rooistered	Accol e co	atura regular	d when reinstating) DATE			
12.	OFFICERS AND		13.	-goin a gi	arare required	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR:	S IN 12	
TITLE	PD DELETE		1.1 7(7)	1.1 TITLE			Change	Addition :	
NAME	KIRKLAND, CARL		1.2 NAME						
STREET ADDRESS	805 N. PARKWAY		1.3 STREET ADDRESS		SS				
CITY-ST-ZIP	JACKSON TN 38305		1.4 CITY - ST - ZIP]	
TITLE	VSID			E	ļ		☐ Change	Addition 4	
NAME	ALDERSON, ROBERT 805 N. PARKWAY		2.2 NAME		1				
STREET ADDRESS	JACKSON TN 38305		2.3 STREET ADDRESS		SS				
CITY-ST-ZIP TITLE	VD	DELETE	2.4 CITY-ST-ZIP				Channe	Addition	
NAME	MOORE, BRUCE			3.1 TITLE 3.2 NAME			Change	Addition	
STREET ADDRESS	40004 DEECE DIVID W. CHITE 040			ET ADDRE	ec				
CITY-ST-ZIP	HUNTERSVILLE NC 28078				.33				
TITLE	D DELETE		3.4. CITY-ST-ZIP 4.1 TITLE		-		Change	Addition	
NAME	ORR, R. WILSON III		4. 2 NA				onlings		
STREET ADDRESS			4.3 STREET ADDRESS		SS				
CITY-ST-ZIP	T-ZIP MEMPHIS TN 38117		4.4 CITY - ST - ZIP					-	
TITLE	U	☐ DELETE	5.1 TITL				Change	Addition	
NAME			5.2 NAM	E					
STREET ADORESS			5.3 STRI	5.3 STREET ADDRESS				l	
CITY-ST-ZIP			5.4 CITY	- S1 - ZIP					
TITLE	D DELETE		6.1 TITL	6.1 TITLE			Change	Addition	
NAME	OSWALD, JOHN P		6.2 NAM	E					
STREET ADDRESS	575 5TH AVE, 40TH FLOOR		6.3 STRE	ET ADDRE	SS				
CITY-ST-ZIP	NEW YORK NY 10017	this films does not suit for	6.4 CITY		1-1-2:- 2	Section 119.07(3)(i) Florida Statutes I further cer	127 d		
THE THEIR DIVIN	SOLUTE THAT THE INTOMINATION SUBDINGO WILL	runs maa goes not gustiiv i (ır me exen	KOHOD 5	rared in S	secuon 119 07/3001 Elonda Statutes, Fiurther cer	adt teat vari	normation	

indicated on this annual report of Supplemental agrual report is frue 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 of 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 attactivent with an address.

CIONATURE.

New Martines III & Topon

Advance