

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 04, 1999 8:00 am**  
**Secretary of State**

08-04-1999 90012 003 \*\*\*550.00

PROFIT  
CORPORATION  
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F96000005906** ✓

1. Corporation Name

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

Principal Place of Business

**805 N. PARKWAY  
JACKSON TN 38305**

Mailing Address

**805 N. PARKWAY  
JACKSON TN 38305**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/13/1996**

4. FEI Number

**59-3401535**

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 the current year  
Intangible Personal Property.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **KIRKLAND, CARL**  
STREET ADDRESS **805 N. PARKWAY**  
CITY-ST-ZIP **JACKSON TN 38305**

TITLE **VSTD** ☐ DELETE

NAME **ALDERSON, ROBERT**  
STREET ADDRESS **805 N. PARKWAY**  
CITY-ST-ZIP **JACKSON TN 38305**

TITLE **D** ☐ DELETE

NAME **ORR, R. WILSON III**  
STREET ADDRESS **845 CROSSOVER LANE, SUITE 140**  
CITY-ST-ZIP **MEMPHIS TN 38117**

TITLE **D** ☐ DELETE

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

TITLE **D** ☐ DELETE

NAME **OSWALD, JOHN P**  
STREET ADDRESS **575 5TH AVE, 40TH FLOOR**  
CITY-ST-ZIP **NEW YORK NY 10017**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

*Lowell P. Harris* SECRETARY

7-21-99

901-668-2444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0119036

60081V-90012 S  
F960000 5906

**KIRKLAND'S, INC.**

805 N. PARKWAY  
P.O. BOX 7222  
JACKSON, TENNESSEE 38308-7222  
(901) 668-2444

FAX:  
ADMIN./LEASING (901) 664-9345  
PURCHASING (901) 668-5071  
ACCTS. PAYABLE (901) 664-4480  
SALES AUDIT  
INVENTORY CONTROL

**OFFICERS:**

**Chairman/CEO:**

Carl Kirkland  
805 North Parkway  
Jackson, TN 38305

**President/COO:**

Robert Alderson  
805 North Parkway  
Jackson, TN 38305

**Chief Financial Officer:**

Reynolds Faulkner  
805 North Parkway  
Jackson, TN 38305

**Asst. Vice President/Secretary:**

Lowell Pugh  
805 North Parkway  
Jackson, TN 38305

**Treasurer:**

Connie Scoggins  
805 North Parkway  
Jackson, TN 38305

**DIRECTORS:**

ALDERSON, ROBERT  
Kirkland's, Inc.  
805 North Parkway  
Jackson, TN 38305

MCGRATH, ALEXANDER  
Capital Resource Partners  
85 Merrimac Street, Suite 200  
Boston, MA 02114

KIRKLAND, CARL  
Kirkland's, Inc.  
805 North Parkway  
Jackson, TN 38305

MUSSAFER, DAVID  
Advent International Corporation  
101 Federal Street  
Boston, MA 02110

ORR, R. WILSON, III  
SSM Corporation  
845 Crossover Lane, Suite 140  
Memphis, TN 38117

OSWALD, JOHN P.  
CT Capital International, Inc.  
575 5<sup>th</sup> Ave., 40<sup>th</sup> Floor  
New York, NY 10017

FAULKER, REYNOLDS C.  
Kirkland's, Inc.  
805 North Parkway  
Jackson, TN 38305