

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).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **F97000001542** ✓

1. Corporation Name

**KIRKLAND'S OF VOLUSIA MALL, DAYTONA BEACH, FL, I  
NC.**

Principal Place of Business

**805 NORTH PKWY.  
JACKSON TN 38305**

Mailing Address

**805 NORTH PKWY.  
JACKSON TN 38305**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/25/1997**

4. FEI Number

**59-3446071**

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

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** ☐ DELETE

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

TITLE **VSD** ☐ DELETE

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

TITLE **V** ☐ DELETE

NAME **PUGH, LOWELL**  
STREET ADDRESS **805 NORTH PKWY.**  
CITY-ST-ZIP **JACKSON TN 38305**

TITLE **V** ☐ DELETE

NAME **SCOGGINS, CONNIE**  
STREET ADDRESS **805 NORTH PKWY.**  
CITY-ST-ZIP **JACKSON TN 38305**

TITLE **D** ☐ DELETE

NAME **FAULKNER, REYNOLDS C**  
STREET ADDRESS **3333 PEACHTREE RD., N.E.**  
CITY-ST-ZIP **ATLANTA GA 30326**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

*Lowell Pugh* **Secretary**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-21-99**

Date

**901-668-2444**

Daytime Phone #

CR2E034 (5/99)

0119033

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

08-04-1999 90011 013 \*\*\*550.00

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**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