08-04-1999 90006 043 \*\*\*550.00

## 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

**DOCUMENT #** 



FLORIDA DEPARTMENT OF STATE **Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

| corporation realite |            |        |       |              |
|---------------------|------------|--------|-------|--------------|
| KIRKLAND'S (        | OF REGENCY | SQUARE | MALL, | JACKSONVILLE |

|   |  |                                |                    |          |              | -   | Al Dit Giffi bieni el bil elen elen elen ien |
|---|--|--------------------------------|--------------------|----------|--------------|---|--|
| Principal Place of Business Mailing Address |  |                                |                    |          |              |   |  |
| P.O. BOX 72                                 |  | P.O. BOX 7222                  |                    |          |              |   |  |
|   | N 38308-7222                               | JACKSON TN 38308-722           | 22                 |          |              | DO NOT WRITE IN 1                             | THIS SDACE                                   |
| US  |  | US                             |                    |          |              | 3. Date Incorporated or Qualified             | THIS OF AGE                                  |
|   |  |                                |                    |          |              | 08/02/1989                                    |  |
| 2. Principal                                | Place of Business                          | 2a. Mailing Address            |                    |          |              | 4. FEI Number                                 | Applied For                                  |
| 21  |  | 26                             |                    |          |              | 62-1400916                                    | Not Applicable                               |
|   | t. #, etc.                                 | Suite, Apt. #, etc             | <u> </u>           | ,= ~ - 5 | · virus"     | 5. Certificate of Status Desired              | \$8.75 Additional<br>Fee Required            |
| City & Sta                                  | ate  | City & State                   |                    | -        |              | 6. Election Campaign Financing                | \$5.00 May Be                                |
| 23  | ato  | 28                             |                    |          |              | Trust Fund Contribution                       | Added to Fees                                |
| Zip   | Country                                    | Zip                            | Cour               | ntry     |              | 8. This corporation owes the current year     | ar   |
| 24  | 25   | 29                             | 30                 | •        |              | Intangible Personal Property.                 | Yes No                                       |
| ,   | 9. Name and Address of Curren              | it Registered Agent            |                    |          |              | 10. Name and Address of New Registe           | red Agent                                    |
|   |  |                                |                    | 81       | Name         |   |  |
|   | CORPORATION SYSTEM                         |                                | }                  | 82       | Street Addre | ess (P.O. Box Number is Not Acceptable)       |  |
|   | 00 S. PINE ISLAND ROAD                     |                                |                    | 02       | Gliebt Addic | as (1.0. box (tumber is feet /teeplable)      |  |
| PL  | ANTATION FL 33324                          |                                | ľ                  | 83       |              |   |  |
|   |  |                                | -                  | 84       | Citv         | •   | 85 Zip Code                                  |
|   |  |                                |                    |          | •            | ation submits this statement for the purpose  | ┡┖┈╎   |
| agent.                                      | I am familiar with, and accept the obliga- | ations of, section 607.0505, I | Florida Stati      | utes.    |              | n's board of directors. I hereby accept the a | TE   |
| 12.   |  | ID DIRECTORS                   | 13.                |          |              | ADDITIONS/CHANGES TO OFFICER                  | S AND DIRECTORS IN 12                        |
| TITLE                                       | PD   | DELETE                         | 1.1 TIT            | LE _     |              |   | Change Addition                              |
| i name                                      | KIRKLAND, CARL                             |                                | 1.2 NA             | ME       |              |   | _ ,  |
| STREET ADDRESS                              | 0011117011 01110 00                        |                                | 1.3 STE            | REET A   | DDRESS       |   |  |
| CITY-ST-ZIP                                 | JACKSON TN                                 |                                |                    | Y-ST-Z   |              |   |  |
| TITLE                                       | VSD  | DELETE                         | 2.1 TIT            |          | .,,          |   | Change Addition                              |
| NAME  | ALDERSON, ROBERT E.                        | <u> </u>                       | 2.2 NA             |          |              | ^   |  |
| STREET ADDRES                               |  |                                |                    |          | DDRESS       | 7/  |  |
| CITY-ST-ZIP                                 | JACKSON TN                                 | -, -: · · ·                    | 2.4 CIT            |          |              | ( OX-   | مبيد العلى <del>سائند</del> ية               |
| TITLE                                       | V  | DELETE                         | 3.1 TIT            |          |              | Starles                                       | Change Addition                              |
| NAME  | PUGH, LOWELL                               | ⊢ Dere≀e                       | 3.2 NA             |          |              |   |  |
|   |  |                                | 4                  |          | DORESS       | 1 X V   |  |
| STREET ADDRES                               | JACKSON TN                                 |                                | 3.4 CIT            |          |              | <b>√</b>                                      |  |
| CITY-ST-ZIP                                 | T T  | DELETE                         | 4.1 TIT            |          | -IF          | 10×   | Change Addition                              |
| NAME  | SCOGGINS, CONNIE                           | I DETEIE                       | 4.2 NA             |          |              | U.  | Change Addition                              |
| · · · · · ·                                 |  |                                |                    |          | DDRESS       |   |  |
| STREET ADDRESS                              |  |                                |                    |          |              |   |  |
| CITY-ST-ZIP                                 | JACKSON TN                                 |                                | 4.4 CIT<br>5.1 TRT |          | <u> </u>     |   | Characa C + 2 4 2 4 2 2 2 2                  |
| TITLE                                       |  | ☐ DELETE                       |                    |          |              |   | Change Addition                              |
| NAME  |  |                                | 5.2 NA             |          |              |   |  |
| STREET ADDRES                               | s  |                                | 5.3 STF            | REET A   | DDRESS       |   |  |

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.

GNATURE:

JOURNAL COMPANY OF SHARE SHARE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP TITLE

STREET ADDRESS

NAME

DELETE

901-668-2444

Change Addition

## 600620-90006-43 KIRKLAND'S, INC. P25456

805 N. PARKWAY
P.O. BOX 7222

JACKSON, TENNESSEE 38308-7222
(901) 668-2444

FAX:

ADMIN/LEASING PURCHASING ACCTS. PAYABLE

(901) 664-9345 (901) 668-5071 (901) 664-4480

SALES AUDIT
INVENTORY CONTROL

**OFFICERS:** 

Chariman/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 5th Ave., 40th Floor New York, NY 10017

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