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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P32619 (9)
1. Corporation Name
KIRKLAND'S OF THE MALL OF THE AVENUES, JACKSONVILLE, FL, INC.

Principal Place of Business
PO BOX 7222
JACKSON TN 38308-222
US

Mailing Address
PO BOX 7222
JACKSON TN 38308-222
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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

3. Date Incorporated or Qualified

01/24/1991

3a. Date of Last Report

03/26/1996

4. FEI Number

62-1436108

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 has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

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
NAME KIRKLAND, CARL
STREET ADDRESS 1089 COUNTRY CLUB RD
CITY-ST-ZIP JACKSON TN ☐ DELETE

TITLE VD
NAME KIRKLAND, ROBERT
STREET ADDRESS 1109 ROBINHOOD
CITY-ST-ZIP UNION CITY TN ☒ DELETE

TITLE SDV
NAME ALDERSON, ROBERT
STREET ADDRESS 28 WHITFIELD COVE
CITY-ST-ZIP JACKSON TN ☐ DELETE

TITLE VD
NAME MOORE, BRUCE
STREET ADDRESS 18922 BALMORE PINES LANE
CITY-ST-ZIP HUNTERVILLE NC ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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 LOWELL PUGH
5.3 STREET ADDRESS 805 N. PARKWAY
5.4 CITY-ST-ZIP JACKSON, TN 38305

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME T
6.3 STREET ADDRESS CONNIE SCOGGINS
6.4 CITY-ST-ZIP 805 N. PARKWAY JACKSON, TN 38305

14. I do 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

CONNIE SCOGGINS TREAS 4/16/97 901-668-2464

CR2E034 (9/96)