

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$223 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$378)**

**PROFIT CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 AM 10:05

DOCUMENT # F94000006250 (4)

1. Corporation Name

**KIRKLAND'S OF BRANDON TOWN CENTER, TAMPA, FL. IN
C.**

Principal Place of Business

P.O. BOX 722
JACKSON TN 38308

Mailing Address

P.O. BOX 722
JACKSON TN 38308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1984

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 County

2a. Mailing Address

26 P.O. Box 7222

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 County

4. FEI Number

APPLIED FOR 59-3286776

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. 199.002, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 fee # applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE: DP
NAME: KIRKLAND, CARL
STREET ADDRESS: 1069 COUNTRY CLUB LANE
CITY, ST, ZIP: JACKSON TN 38305

TITLE: DV
NAME: KIRKLAND, ROBERT
STREET ADDRESS: ROBIN HOOD LANE
CITY, ST, ZIP: UNION CITY TN 38261

TITLE: DV
NAME: MOORE, BRUCE
STREET ADDRESS: 51 HUNTINGTON PLACE
CITY, ST, ZIP: JACKSON TN 38305

TITLE: DS
NAME: ALDERSON, ROBERT
STREET ADDRESS: 28 WHITFIELD COVE
CITY, ST, ZIP: JACKSON TN 38305

TITLE:

NAME:

STREET ADDRESS:

CITY, ST, ZIP:

TITLE:

NAME:

STREET ADDRESS:

CITY, ST, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

805 N. PARKWAY

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 its receiver or trustee or bond to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed. I am an officer or director with an address:

SIGNATURE:

Robert Alderson

ROBERT ALDERSON

6/6/95

901-668-2444

CR2E034 (3/95)