

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000004573 (0)**

1. Corporation Name

KIRKLAND'S OF COASTLAND MALL, NAPLES, FL, INC.



Principal Place of Business

Mailing Address

PO BOX 7222
JACKSON TN 38308

PO BOX 7222
JACKSON TN 38308

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

81 Name

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

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

3a. Date of Last Report

09/20/1995

4. FET Number

APPLIED FOR 59-3331569

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 607.1505, 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 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Agent for Service of Process

Signature of Applicant or Person who is filing

Date

12. OFFICERS AND DIRECTORS

1. TITLE DELETE

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

2. TITLE DELETE

NAME: **VD KIRKLAND, ROBERT**
STREET ADDRESS: **805 N. PARKWAY**
CITY, ST, ZIP: **JACKSON TN 38305**

3. TITLE DELETE

NAME: **VD MOORE, BRUCE**
STREET ADDRESS: **805 N. PARKWAY**
CITY, ST, ZIP: **JACKSON TN 38305**

4. TITLE DELETE

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

5. TITLE DELETE

NAME:
STREET ADDRESS:
CITY, ST, ZIP:

6. TITLE DELETE

NAME:
STREET ADDRESS:
CITY, ST, ZIP:

7. TITLE DELETE

NAME:
STREET ADDRESS:
CITY, ST, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Change Addition

2. NAME:
3. STREET ADDRESS:

4. CITY, ST, ZIP Change Addition

5. TITLE

6. NAME

7. STREET ADDRESS:

8. CITY, ST, ZIP: **1109 ROBINHOOD LN, UNION CITY, TN 38261** Change Addition

9. TITLE

10. NAME

11. STREET ADDRESS:

12. CITY, ST, ZIP: Change Addition

13. TITLE

14. NAME

15. STREET ADDRESS:

16. CITY, ST, ZIP: Change Addition

17. TITLE

18. NAME

19. STREET ADDRESS:

20. CITY, ST, ZIP: Change Addition

21. TITLE

22. NAME

23. STREET ADDRESS:

24. CITY, ST, ZIP: Change Addition

25. TITLE

26. NAME

27. STREET ADDRESS:

28. CITY, ST, ZIP: Change Addition

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 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 checked on an attached schedule.

SIGNATURE:

Robert Alderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT ALDERSON

3/15/96

901-668-2444

Phone Number

CR2E034 (12/95)