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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 # F95000004573 (0)

1. Corporation Name
KIRKLAND'S OF COASTLAND MALL, NAPLES, FL, INC.



Principal Place of Business: **PO BOX 7222 JACKSON TN 38308**
Mailing Address: **PO BOX 7222 JACKSON TN 38306-7222**

3. Date Incorporated or Qualified: **09/20/1995**
3a. Date of Last Report: **03/26/1996**

2. Principal Place of Business (21-24):
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

4. FEI Number: **59-3331569**
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

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION REGISTERED, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent (81-85):
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KIRKLAND, CARL	
STREET ADDRESS	805 N. PARKWAY	
CITY-ST-ZIP	JACKSON TN 38305	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KIRKLAND, ROBERT	
STREET ADDRESS	1109 ROBINHOOD LN	
CITY-ST-ZIP	UNION CITY TN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MOORE, BRUCE	
STREET ADDRESS	805 N. PARKWAY	
CITY-ST-ZIP	JACKSON TN 38305	
TITLE	SDV	<input type="checkbox"/> DELETE
NAME	ALDERSON, ROBERT	
STREET ADDRESS	805 N. PARKWAY	
CITY-ST-ZIP	JACKSON TN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LOWELL PUGH	
5.3 STREET ADDRESS	805 N. PARKWAY	
5.4 CITY-ST-ZIP	JACKSON, TN 38305	
6.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CONNIE SCOGGINS	
6.3 STREET ADDRESS	805 N. PARKWAY	
6.4 CITY-ST-ZIP	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: _____ DATE: _____

CR2E034 (9/96)