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May 02 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 # F96000001614 (4)
1. Corporation Name
KIRKLAND'S OF CORDOVA MALL, PENSACOLA, FL, INC.



Principal Place of Business Mailing Address
805 N PKWY JACKSON TN 38305 805 N PKWY JACKSON TN 38305-3033

3. Date Incorporated or Qualified 03/29/1996 3a. Date of Last Report
4. FEI Number APPLIED FOR 59-3354493 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

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
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 Signatures, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE DP DELETED
NAME KIRKLAND, CARL
STREET ADDRESS 1089 COUNTY CLUB LN
CITY-ST-ZIP JACKSON TN 38305
TITLE DV DELETED
NAME MOORE, BRUCE
STREET ADDRESS 51 HUNTINGTON PL
CITY-ST-ZIP JACKSON TN 38305
TITLE DV DELETED
NAME KIRKLAND, ROBERT
STREET ADDRESS ROBIN HOOD LN
CITY-ST-ZIP UNION CITY TN
TITLE DVS DELETED
NAME ALDERSON, ROBERT E
STREET ADDRESS 26 WHITFIELD COVE
CITY-ST-ZIP JACKSON TN 38305
TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: Connie Scoggins CONNIE SCOGGINS, TREAS. 4/16/97 901-668-2444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)