


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 04, 1999 8:00 am
Secretary of State

08-04-1999 90006 042 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000001614

1. Corporation Name
KIRKLAND'S OF CORDOVA MALL, PENSACOLA, FL, INC.



Principal Place of Business 805 N PKWY JACKSON TN 38305	Mailing Address 805 N PKWY JACKSON TN 38305
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/29/1996

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	30

4. FEI Number 59-3354493	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KIRKLAND, CARL	
STREET ADDRESS	1069 COUNTY CLUB LN	
CITY-ST-ZIP	JACKSON TN 38305	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PUGH, LOWELL	
STREET ADDRESS	805 N PARKWAY	
CITY-ST-ZIP	JACKSON TN	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	ALDERSON, ROBERT E	
STREET ADDRESS	26 WHITFIELD COVE	
CITY-ST-ZIP	JACKSON TN 38305	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCOGGINS, CONNIE	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

Self attached

14. I 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: Lowell Pugh **Secretary** Date: 7-21-99 Daytime Phone #: 901-668-2444

CR2E034 (5/99)

600619-90006-42
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KIRKLAND'S, INC.
805 N. PARKWAY
P.O. BOX 7222
JACKSON, TENNESSEE 38308-7222
(901) 668-2444

FAX:
ADMIN./LEASING (901) 664-9345
PURCHASING (901) 668-5071
ACCTS. PAYABLE (901) 664-4480
SALES AUDIT
INVENTORY CONTROL

OFFICERS:

Chairman/CEO:

Carl Kirkland
805 North Parkway
Jackson, TN 38305

President/COO:

Robert Alderson
805 North Parkway
Jackson, TN 38305

Chief Financial Officer:

Reynolds Faulkner
805 North Parkway
Jackson, TN 38305

Asst. Vice President/Secretary:

Lowell Pugh
805 North Parkway
Jackson, TN 38305

Treasurer:

Connie Scoggins
805 North Parkway
Jackson, TN 38305

DIRECTORS:

ALDERSON, ROBERT
Kirkland's, Inc.
805 North Parkway
Jackson, TN 38305

MCGRATH, ALEXANDER
Capital Resource Partners
85 Merrimac Street, Suite 200
Boston, MA 02114

KIRKLAND, CARL
Kirkland's, Inc.
805 North Parkway
Jackson, TN 38305

MUSSAFER, DAVID
Advent International Corporation
101 Federal Street
Boston, MA 02110

ORR, R. WILSON, III
SSM Corporation
845 Crossover Lane, Suite 140
Memphis, TN 38117

OSWALD, JOHN P.
CT Capital International, Inc.
575 5th Ave., 40th Floor
New York, NY 10017

FAULKER, REYNOLDS C.
Kirkland's, Inc.
805 North Parkway
Jackson, TN 38305