

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)

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # F98000000943  
 1. Corporation Name  
 KIRKLAND'S OF CORAL SQUARE, CORAL SPRINGS, FL, I  
 NC.

Principal Place of Business Mailing Address  
 805 NORTH PARKWAY 805 NORTH PARKWAY  
 JACKSON TN 38305 JACKSON TN 38305

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 23 City & State 27 City & State  
 24 Zip 25 Country 28 Zip 29 Country

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified  
 02/18/1998  
 4. FEI Number APPLIED FOR 65-0810279 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 owes the current year Intangible Personal Property.  Yes  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 FL 85 Zip Code

11. Pursuant to the provisions of sections 807.0502 and 807.1506, 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 807.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KIRKLAND, CARL	
STREET ADDRESS	805 NO. PARKWAY	
CITY-ST-ZIP	JACKSON TN	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	ALDERSON, ROBERT	
STREET ADDRESS	805 NO. PARKWAY	
CITY-ST-ZIP	JACKSON TN	
TITLE	AVP	<input type="checkbox"/> DELETE
NAME	PUGH, LOWELL	
STREET ADDRESS	805 NO. PARKWAY	
CITY-ST-ZIP	JACKSON TN	
TITLE	TAV	<input type="checkbox"/> DELETE
NAME	SCOGGINS, CONNIE	
STREET ADDRESS	805 NO. PARKWAY	
CITY-ST-ZIP	JACKSON TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ORR III, R W	
STREET ADDRESS	845 CROSSOVER LANE, STE 140	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FAULKNER, REYNOLDS C	
STREET ADDRESS	3333 PEACHTREE ROAD, NE	
CITY-ST-ZIP	ATLANTA GA	

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	

*see attached*

**SP**

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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sybil Pugh, Secretary 7-21-99 901-668-2444  
 SIGNATURE AND TYPED OR PRINTED NAME OF NOMINATING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
 09-04-1999 9:06:04 AM \*\*\*550.00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



CR2E034 (5/99)

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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 5<sup>th</sup> Ave., 40<sup>th</sup> Floor  
New York, NY 10017

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