

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **703826** (8)

1. Corporation Name

**LOCAL #91 GLASS BOTTLE BLOWERS ASSOCIATION HOLDI
NG CORPORATION, INC.**



Principal Place of Business

Mailing Address

**% GLASS POTTERY PLASTICS & ALLIED WORKERS
2873 W. 12TH ST
JACKSONVILLE FL 32205-1801**

**% GLASS POTTERY PLASTICS & ALLIED WORKERS
2873 W. 12TH ST
JACKSONVILLE FL 32205-1801**

3. Date Incorporated or Qualified
04/03/1962

3a. Date of Last Report
02/22/1995

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

4. FEI Number
59-0826266

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MANESS, WILLIAM H.
128 E. FORSYTH STREET
502 FLORIDA THEATRE BLDG.
JACKSONVILLE FL 32202**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
BARNHINN, JANET
PO BOX 43
JACKSONVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VD
ATKINSON, KENNETH
714 SAN FREDO ST.
FERNANDO BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

**SD
GIBBENS, ELLSWORTH A.
RR 3 BOX 1177
CALAHAN FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

**RS
KNIGHT, JINCY
1736 DETROIT ST
JACKSONVILLE FL**

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

**T
CREWS, EDWARD
1286 WOLFE ST
JACKSONVILLE FL**

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

**T
EDDY, BETTY
4603 LINOCVREST DR N
JACKSONVILLE FL**

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

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ellsworth A. Gibbens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F. S. 2-19-96 879 5760
Date Daytime Phone #

CR2E037 (12/95)