

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **703826** (8)

1. Corporation Name

LOCAL #91 GLASS BOTTLE BLOWERS ASSOCIATION HOLDING 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
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-0826266	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
21	26			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
22	27			
City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	24	25	29
				30
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNHINN, JANET	1.2 NAME	
STREET ADDRESS	PO BOX 43	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINSON, KENNETH	2.2 NAME	
STREET ADDRESS	714 SAN FRENDO ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBBENS, ELLSWORTH A.	3.2 NAME	
STREET ADDRESS	RR 3 BOX 1177	3.3 STREET ADDRESS	
CITY-ST-ZIP	CALAHAN FL	3.4 CITY-ST-ZIP	
TITLE	RS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, JINCY	4.2 NAME	
STREET ADDRESS	1736 DETROIT ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREWS, EDWARD	5.2 NAME	
STREET ADDRESS	1286 WOLFE ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDDY, BETTY	6.2 NAME	
STREET ADDRESS	4603 LINOCVREST DR N	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	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* F.S. 2-19-96 879 5760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE037 (12/95)