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FILED

Jan 22 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 % GLASS POTTERY PLASTICS & ALLIED WORKERS  
2873 W. 12TH ST 2873 W. 12TH ST  
JACKSONVILLE FL 32205-1801 JACKSONVILLE FL 32254-1801

3. Date Incorporated or Qualified 04/03/1962 3a. Date of Last Report 02/26/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-0826266	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Country	29	30
24	25	29	30

## 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNHINN, JANET		1.2 NAME	BARNHINN JANET	
STREET ADDRESS	PO BOX 43		1.3 STREET ADDRESS	PO BOX 43	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	JACKSONVILLE FLA	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINSON, KENNETH		2.2 NAME	CREWS EDWARD	
STREET ADDRESS	714 SAN FREDO ST.		2.3 STREET ADDRESS	1286 W 101 F ST	
CITY-ST-ZIP	FERNANDO BEACH FL		2.4 CITY-ST-ZIP	JACKSONVILLE FLA 32205	
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBBENS, ELLSWORTH A.		3.2 NAME	EUGENE HALL	
STREET ADDRESS	RR 3 BOX 1177		3.3 STREET ADDRESS	PO BOX 87 4499 Church RD	
CITY-ST-ZIP	CALAHAN FL		3.4 CITY-ST-ZIP	CALAHAN FLA 32011	
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		<input type="checkbox"/> DELETE	5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME	Beals James	
STREET ADDRESS			5.3 STREET ADDRESS	3450 Trout River Blvd	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	JACKSONVILLE FLA 32208	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0006741

CR2E037 (9/96)