


FILE NOW: FILING FEE IS \$61.25

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Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90005 018 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703826

1. Corporation Name

LOCAL #91 GLASS BOTTLE BLOWERS ASSOCIATION HOLDING CORPORATION, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	04/03/1962
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-0826266
24 Country	29 Country	Applied For
	30	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
10. Name and Address of New Registered Agent		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNHILL, JANET	1.2 NAME	
STREET ADDRESS	P O BOX 43 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32219	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREWS, EDWARD	2.2 NAME	
STREET ADDRESS	1286 WOLF STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEUGENE, HALL	3.2 NAME	
STREET ADDRESS	P O BOX 27, 4499 CHURCH RD N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	CALAHAN FL 32011	3.4 CITY-ST-ZIP	
TITLE	RS	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 32254	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEALS, JAMES	5.2 NAME	
STREET ADDRESS	3450 TROUT RIVER RVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	5.4 CITY-ST-ZIP	
TITLE		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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-99 904 819 3031

CR2E037 (1/98)