

Check No.

By

FOR SECRETARY OF STATE USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS.

Corporations Division 100 North Main Speet, Providence, RI 02903-1335

Matthew A. Brown, Secretary of State

401.222.3040

Office of the Secretary of State T CORPORATION ANNUAL REPORT FOR THE YEAR 2005

	- March 1 • Filin	OP1			
Corporate ID No.	Bliss Tool Com	pany, Inc.		Stote	Zip
8212			City RIVIERA BEACH	FL	33408-
rees Address Principal Bu	N DRIVE				6. SIC Code
00 NORTH OCEAN		5. State of Incorporation	n		8888
usiness Phone No.		FLORIDA			
17291690	haracter of Business Condu	icled in Rhode Island			
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sident Name ANCIS V. BLIS			Street Address		
ANCIS V. BBIO			5400 NORTH OCEA	N DRIVE	
ei Address 100 NORTH OCEA	N DRIVE			State	7 <i>ip</i>
100 NORTH OCES	State	Zip	Cin RIVIERA BEACH	FLORIDA	33404
IVIERA BEACH	FLORIDA	33404	Treasurer Name		
TATERM DENCI		• • •	FRANCIS V. BLIS	s JR.	
ANE-ANN BLISS			· Smet Address		
			5400 NORTH OCEA	N DRIVE	77
rect Address 400 NORTH OCE	AN DRIVE		City	State	Zip 33404
		1		FLORIDA	133404
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	S or the bir	CTORS ("X" BOX FO	RIVIERA BEACH ORATTACHMENT) FILL IN Director Name	•	
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AUTHORIZED SHARI Number of Shares	ο P _A ALUE	ither the President, l			that I have examined
AUTHORIZED SHARI Number of Shares	ο P _A ALUE	ither the President, l	Under penalty o	f perjury, I declare and :	that I have examined
AUTHORIZED SHARI Number of Shares	ο P _A ALUE	ither the President, l	Under penalty o	f perjury, I declare and :	that I have examined
AUTHORIZED SHARI Number of Shares 100 COMM \$1.05 This report must	be signed in ink by e		Under penalty o		that I have examined
AUTHORIZED SHARI Number of Shares 100 COMM \$1.05 This report must	be signed in ink by e		Under penalty o	f perjury, I declare and :	that I have examined
AUTHORIZED SHARI Number of Shares 100 COMM \$1.05 This report must	ο P _A ALUE		Under penalty of this report, inch and that all state	of perjury, I declare and a deciding any accompanying the ments contained herein and the land of the l	that I have examined

Print or Type Name of Officer

Title of Officer

VICE PRESIDENT

Form 630 12/01



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

M MUST BE TYPED OR PI	2. Name of Corporat	lon				
porate ID No.	Bliss Tool Co			State	ZIP	
98212		<u></u>	City		33404	
reet Address Principal Business Office 5.4.0.0. NORTH OCEAN DRIVE			RIVIERA REAC	H FLORIDA	6. SIC Code	
iness Phone No.	MAH OCEAN D	3. State of Incorporation	1		8888	
	1600	FLORIDA				
the Character	A PURINCE CONDUCTED	in Rhode Island				
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AMES AND ADDRES	SES OF THE OFFICE	RS: ("X" BOX FOR AT	Vice President Name			
lent Name			JANE-ANN BLIS	S		
FRANCI	S V. BLISS J	<u>R</u>	Course Address			
	_		5400 NORTH OC	CEAN DRIVE	la:	
5400 N	ORTH OCEAN D	Zip	: City	State	Zip	
	State	3.34.04	RIVIERA BEACI	FLORIDA		
RIVIERABEA	CHL.ELORIDA.	17.7.4.v.a	Treasurer Name			
etary Name			FRANCIS V. B	JSS JR.		
	NN BLISS		Street Address	PRIVE		
ei Address	OPPU OCEAN	ORTVE _	5400 NORTH O	5400 NORTH OCEAN DRIVE		
5400 N	ORTH OCEAN	Zip	City		33404	
	1	33404	RIVIERA BEAC	H FLORIDA N SPACES BEFORE USI	NG ATTACHMENTS	
RIVIERA BEA	CH FLORIDA	1 33404 CTORS: ("X" BOX FOR	ATTACHMENT) FILL	14 0111020 ==		
rector Name			Director Name			
ector name			Street Address		<u> </u>	
rect Address			3//2017/11/11/2			
•••			City	State	Zip	
/r	State	Zip	5			
•			Director Name			
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		Zip	City	State	\ \frac{1}{2}	
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100 COMM \$1.00 PA	AR VALUE		100	COMPON		
IND COMMITTER 1.24 1				ì	1	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Officer Signature File Date JANE ANN BLISS
Print or Type Name of Officer Check No.

FOR SECRETARY OF STATE USE ONLY

VICE PRESIDENT Title of Officer

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

ROFIT CORPORATION ANNUAL REPORT FOR THE YEAR <u>2003</u>

ling Period: January I-March 1 • Filing Fee: \$50.00

RM MUST BE TYPED OR PRINTED IN BLACK) 2. Name of Corporation

Corporate ID No.

98212 Street Address Principal Business Office Bliss Tool Company, Inc.

5400 NORTH OCEAN BRIVE 5. State of Incorporation City

State

ZIP

RIVIERA BEACH

FLORIDA

6. 513 34.04

8888

401-729-1690 Brief Description of the Character of Business Conducted in Rhode Island

resident Name

treet Address

Street Address

Street Address

FLORIDA

FILL IN SPACES BEFORE USING ATTACHMENTS TOOL RENTAL AND DIE MANUFACTURING . NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

Vice President Name

JANE-ANN BLISS Street Address

5400 NORTH OCEAN DRIVE

State

Zip

RIVIERA BEACH Secretary Name

JANE-ANN BLISS

FRANCIS V. BLISS

5400 NORTH OCEAN DRIVE

FLORIDA

State

33404

FLORIDA. RIVIERA REACH Treasurer Name

33404 . .

FRANCIS V. BLISS Street Address

5400 NORTH OCEAN DRIVE

Zip

5400 NORTH OCEAN DRIVE City 33404 Zip FLORIDA RIVIERA BEACH FILL IN SPACES BEFORE USING ATTACHMENTS City 33404 Director Name

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name

Street Address

State

City

State

Zip

City Director Name Director Name

Street Address

Street Address

State City

ZIP

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES Number of Shares

Check No .:

Class/Series

Par Value

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ESSUED SHARES

Number of Shares

Class/Series

Par Value

100 COMM \$1.00 PAR VALUE

100

COMMON

\$1.00/share

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: .

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Ollikei Signatury

Print or Type Name of Officer

Title of Officer **€**

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

STOP

ORM MUST BE TYPED IN BLACK	,					
Corporate ID No.	2. Name of Corporation					
98212	Bliss Tool Cor	mpany, inc.	City	State	Zip	
Street Address Principal Business Off 5400 NORTH OCEA	n BLVD.		RIVIERA BEACH	FLORIDA	33408 6. SIC Code	
Business Phone No. 401-729-1690		5. State of Incorporation FLORIDA			8888	
Brief Description of the Character of TOOL RENTAL AND	Business Conducted in F DIE MANUFAC	Rhode Island TURING			aar ai TC	-
. NAMES AND ADDRESSE resident Name FRANCIS V. BLIS		ERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BEFO Vice President Name JANE_ANN BLISS Street Address 5400 NORTH OCEAN		MENIS	
5400 NORTH OCEA	N DRIVE State FLORIDA	^{Zip} 33404	Chy RIVIERA BEACH	State FLORIDA	^{Zip} 33404	L.
RIVIERA BEACH ecretary Name JANE-ANN BLISS	PLOKIDA		Treasurer Name FRANCIS V. BLISS	JR.		
Street Address 5400 NORTH OCE	AN DRIVE		Street Address 5400 NORTH OCEAN	State	Zip 00101	
RIVIERA BEACH	FLORIDA	^{Zip} 33404	RIVIERA BEACH	FLORIDA	33404	
9. NAMES AND ADDRESS	ES OF THE DIRE	CTORS (*X* BOX FOR ATT	ACHMENT) FILL IN SPACES BY Director Name	EFORE USING ATTA	CHMENIS	
Street Address			* Street Address			
City	State	Zip	City	State	Zip •	
Director Name			Director Name	••		
Street Address			Street Address			
City	State	Zip	City	State	ZIp	
10. SHARES AUTHORIZE	D ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*X*) ISSUED SHARES	BOX FOR ATTACHMENT		
AUTHORIZED SHARES		Par Value	Number of Shares	Class/Series	Par Value	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

100

Title of Officer

(2) 5

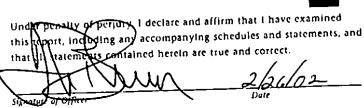


Class/Series

Number of Shares

100 COMM \$1.00 PAR VALUE

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File Date:		
Check No.:	/120 de	
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FOR SECRETARY	F STATE USE ONLY	



COMMON

FRANCIS V. BLISS JR.

Print or Type Name of Officer

PRESIDENT

\$1.00/share

Corporations Di-100 North Main Street, Providence, RI 02903-401-222-3c

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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PLEASE INSTRUC	TIOSS

Filing Period: January 1	-March 1 • F.	iling Fee: \$50.00				
(FORM MUST BE TYPED IN BLACI			<u>. </u>			
1. Corporate ID No.	2 Name of Corporation BLISS TOOL	COMPANY, INC.			·	
3. Street Address Principal Business ()	lfice		City	State	210	
5400 NORTH OCEAN			RIVIERA BEACH	FLORIDA	33408	
4. Business Phone No. 5 State of Incorporation					6. SIC Code	
401-729-1690 FLORIDA					8888	
7. Brief Description of the Character of TOOL RENTAL AND	DIE MANUFACTU	JRING		and American	UMENTS	
8. NAMES AND ADDRESS	ES OF THE OFFICI	ERS ("X" BOX FOR ATTACH	MENT) OFILL IN SPACES BE	FORE USING ATTAC	HMIEINIS	
President Name FRANCIS V. BLISS			JANE-ANN BLISS			
Street Address 5400 NORTH OCEAN	DRIVE		Street Address 5400 NORTH OCEA			
City	State	Zip	City	State	Zip	
RIVIERA BEACH	FLORIDA	33404	RIVIERA BEACH	FLORIDA	33404	
Secretary Name JANE -ANN BLISS'			FRANCIS V. BLIS	S_JR		
Street Address			Street Address			
5400 NORTH OCEAN	1 DRIVE		5400 NORTH OCEAN DRIVE			
RIVIERA BEACH	State FLORIDA	33404	RIVIERA BEACH	State FLORIDA	33404	
9. NAMES AND ADDRESS	ES OF THE DIREC	TORS ("X" BOX FOR ATTA	CHMENT) DFILL IN SPACES	BEFORE USING ATTA	ACHMENTS	
Director Name	ES OF THE DIREC		Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name		<u> </u>	Director Name			
Street Address		<u> </u>	Street Address			
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City	State	Zıp	City	State	Z1p	
10. SHARES AUTHORIZEI	D (*X* BOX FOR ATTAC	CHMENT) 🖸	11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) 1			
AUTHORIZED SHARES		ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
100	COMMON	\$1.00/share	100	COMMON	\$1.00/share	
		<u> </u>			Doggiver of Truste	
This report must be sign	ed in ink by eithe	er the President, Vice l	President, Secretary, Assis	tant Secretary, 11eas	ulet, Receiver of Ituste	
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2/28	
File Date: 1021	
By:	

Jnder	penalty of perjury, I declare and affirm that I have examined
	port, including any accompanying schedules and statements, ar
او hat	Estatements contained herein are true and correct.

JANE-ANN BLISS

Pent or Type Name of Officer

VICE PRESIDENT



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

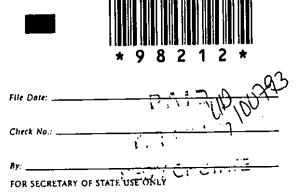
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

STOP

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate ID No. Bliss Tool Company, Inc. 98212 Zip CITY 3. Street Address Principal Business Office 33404 **FLORIDA** RIVIERA BEACH 5400 NORTH OCEAN DRIVE 6. SIC Code S. State of Incorporation 4. Business Phone No. 8888 FLORIDA 401-729-1690 7. Brief Description of the Character of Business Conducted in Rhode Island TOOL RENTAL AND DIE MANUFACTURING FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS ("x" BOX FOR ATTACHMENT) Vice President Name President Name JANE ANN BLISS FRANCIS V. BLISS JR. Street Address Street Address 5400 NORTH OCEAN DRIVE 5400 NORTH OCEAN DRIVE 210 City 33404 **FLORIDA** 33404 RIVIERA BEACH **FLORIDA** RIVIERA BEACH Treasurer Name Secretary Name FRANCIS V. BLISS JR. JANE ANN BLISS Street Address Street Address 5400 NORTH OCEAN DRIVE 5400 NORTH OCEAN DRIVE State City Zip State 33404 FLORIDA RIVIERA BEACH FLORIDA 33404 RIVIERA BEACH FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Street Address Street Address Zip State City Zip City Director Name Director Name Street Address Street Address Zip State City State Zip City 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES **AUTHORIZED SHARES** Par Value Number of Shares Class/Series Por Value Number of Shares \$1.00/share 100 COMMON 100 COMM \$1.00 PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Title of Officer



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signaplife of Officer

JANE ANN BLISS

Print or Type Name of Officer

VICE PRESIDENT



(FORM MUST BE TYPED IN BLACK)

James R. Langevin, Secretary of State Corporations Divise n 100 North Main Street, Providence, RI 02903-1 15 401-222-36-7

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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33404,
6. SIC Code 8888
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33404
33404
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Zip

tatements, and

1. Carparate ID No. 98212	2. Name of Corporation Bliss Tool Cor	mpany, Inc.			į
3. Street Address Principal Business Off 1051 Singer Driv			City Riviera Beach	State Florida	^{Zip} 33404 ¹
4. Business Phone No. 401-729-1690		5. State of Incorporation FLORIDA			6. SIC Code 8888
7. Brief Description of the Character of TOOL RENTAL AND	DIE MANUFACTU	JRING			
8. NAMES AND ADDRESSE	S OF THE OFFICE	RS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BE	FORE USING ATTACH	MENTS 1
President Name FRANCIS V. BLISS			Vice President Name JANE-ANN BLIS		
Street Address 1051 SINGER DRIV	E		Street Address 1051 SINGER DI	RIVE	
City RIVIERA BEACH	State FLORIDA	33404	City RIVIERA BEACH	State FLORIDA	33404
Secretary Name JANE-ANN BLISS	.	L.,	Treasurer Name FRANCIS V. BL	ISS JR.	
Street Address 1051 SINGER DRIV			Street Address 1051 SINGER DRIVE		
City RIVIERA BEACH	State FLORIDA	33404	City RIVIERA BEACH	State FLORIDA	33404
9. NAMES AND ADDRESSE Director Name	S OF THE DIRECT	TORS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACES Director Name	BEFORE USING ATTA	CHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name	d	••••••	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	('Y' BOY FOR ATTAC	HMENT) []	11. SHARES ISSUED (*X	BOX FOR ATTACHMENT)	
AUTHORIZED SHARES	LA BOA FOR ATTACK	marii O	ISSUED SHARES		
Number of Shares	Class/Series –	Par Value	Number of Shares	Class/Series	Par Value
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 9 8 2 1 2 *	Under penalty of perjury I declare and affirm that I have examined this report, including any accompanying schedules and statements.
File Date:	100740	signature of Officer Date
Check No.: By: FOR SECRETAR	AMF OF STATE USE ONLY	Print or Type Name of Officer PRESIDENT Thie of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-277-30+0

(FORM MUST BE TYPED IN BLAC	CK)				
1. Corporate ID No.	2. Name of Corporation	n			
3. Street Address Principal Business C		OL COMPANY, INC.	City	State	Zip
1051 SINGER DR	RIVE		RIVIERA BEACH	FLORIDA	33404
4. Business Phone No.		5. State of Incorporation			6. SIC Code
401-729-1690 7. Brief Description of the Character	of Business Conducted in	FLORIDA Rhode Island			8888
TOOL RENTAL AN					
8. NAMES AND ADDRESS President Name	SES OF THE OFFIC	CERS (*X* BOX FOR ATTAC	HMENT) Vice President Name		
FRANCIS V. BLI	ISS JR.		JANE-ANN BLIS	S	
1051 SINGER DE	TVF		1051 SINGER D	RIVE	
City RIVIERA BEACH	State FLORIDA	^{Zip} 33404	RIVIERA BEACH	State	^{Zip} 33404
Secretary Name		•	Treasurer Name	••	• •
JANE-ANN BLISS	3		FRANCIS V. BL	ISS JR.	
Street Address			Street Address		
1051 SINGER DE	RIVE		1051 SINGER D	RIVE State	Zip
City	State	Zip	City	-	·
RIVIERA BEACH	FLORIDA	33404	RIVIERA BEACH	FLORIDA	33404
9. NAMES AND ADDRESS Director Name	SES OF THE DIKE	CIOR2 (.x. ROX YOK WI)	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name		•	Director Name		
Street Address			Street Address		
City	State	ZIp	City	State	Zip
10. SHARES AUTHORIZE	D ("X" BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED (*)	X* BOX FOR ATTACHMENT	r)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	COMMON	\$1.00/share	100	COMMON	\$1.00/share
		•			

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

_	Under penalty of perjury, I declare and affirm that I have examined this report, ignuding cuty accompanying schedules and statements, and
He Date:	that all statements continued herein are true and correct. Signature of Officer Date
Theck No.: 982/2	Print or Type Name of Officer
OR SECRETARY OF STATE USE ONLY	Title of Officer