

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

55 MAY -1 AM 12:01

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P28158

(4)

1. Corporation Name

LESLIE'S POOLMART INC.

Principal Place of Business

**20222 PLUMMER ST.
CHATSWORTH CA 91311**

Mailing Address

**20222 PLUMMER ST.
CHATSWORTH CA 91311**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/13/1990

3a. Date of Last Report

04/26/1994

4. FEI Number

93-0976447

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fees 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. 198.032,

Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SHARP, HOLLAND
14364 DALE MABRY
TAMPA FL 33618**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCDERMOTT, BRIAN P.
STREET ADDRESS	218 ANDERSON ST.
CITY - ST - ZIP	MANHATTAN BEACH CA
TITLE	S
NAME	WATTS, CYNTHIA G.
STREET ADDRESS	1925 CENTURY PARK EAST #810
CITY - ST - ZIP	LOS ANGELES CA
TITLE	D
NAME	HILLMAN, RICHARD H.
STREET ADDRESS	523 CHAPALA DR.
CITY - ST - ZIP	PACIFIC PALISADES CA
TITLE	CD
NAME	FOURTICO, MIKE
STREET ADDRESS	1925 CENTURY PARK E.
CITY - ST - ZIP	LOS ANGELES CA
TITLE	D
NAME	KELLER, STEPHEN
STREET ADDRESS	285 W HUNTINGTON DR
CITY - ST - ZIP	LOS ANGELES CA
TITLE	D
NAME	DASHE, MURRAY
STREET ADDRESS	1945 SMOKEY RIDGE AVENUE
CITY - ST - ZIP	WESTLAKE VILLAGE CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	☐ Change ☒ Addition
1.2 NAME	OLSEN, ROBERT D.	
1.3 STREET ADDRESS	31220 LA BAYA DR. #110-309	
1.4 CITY - ST - ZIP	WESTLAKE VILLAGE, CA 91362	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	SCHULTE, WILLIAM D.	
2.3 STREET ADDRESS	108 S. HUDSON PLACE	
2.4 CITY - ST - ZIP	LOS ANGELES, CA 90004	
3.1 TITLE	V	☐ Change ☒ Addition
3.2 NAME	VASQUEZ, CHARLES	
3.3 STREET ADDRESS	10427 WILLOWBRAE AVE.	
3.4 CITY - ST - ZIP	CHATSWORTH, CA 91311	
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	1925 CENTURY PARK EAST #810	
4.4 CITY - ST - ZIP		
5.1 TITLE		☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP	ARCADIA, CA 91007	
6.1 TITLE		☐ Change ☒ Addition
6.2 NAME	SEE ATTACHED	
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 included 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 607, 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

ROBERT OLSEN

4-18-95

Date

(818) 993-4212

Daytime Phone



P28158

LESLIE'S OFFICERS

V

STANCARONE, S. JESSE
12246 BEAUFIT AVE.
NORTHRIDGE, CA 91326

V

KARMELE, GERALD H.
3117 THISTLEWOOD ST.
THOUSAND OAKS, CA 91360