

**2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000041736

**FILED**  
**Aug 24, 2023**  
**Secretary of State**  
**7046257009CC**

**Entity Name:** AKRB CORPORATION

**Current Principal Place of Business:**

151 COLLEGE DR STE 14  
ORANGE PARK, FL 32065

**Current Mailing Address:**

PO BOX 16607  
TALLAHASSEE, FL 32317-6607 US

**FEI Number:** 56-2351566

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RIVERS, EUGENE  
151 COLLEGE DR STE 14  
ORANGE PARK, FL 32065 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** EUGENE RIVERS

08/24/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name RIVERS, EUGENE III  
Address PO BOX 16607  
City-State-Zip: TALLAHASSEE FL 32317-6607

Title STD  
Name KAHLE, SANDRA  
Address 6137 KINGSLEY LAKE DR  
City-State-Zip: STARKE FL 32091

Title D  
Name RIVERS, GENE C  
Address 151 COLLEGE DR STE 13  
City-State-Zip: ORANGE PARK FL 32065

Title O  
Name RIVERS, REBEKAH  
Address PO BOX 16607  
City-State-Zip: TALLAHASSEE FL 32317-6607

Title DIRECTOR  
Name NUDEL, BENJAMIN C  
Address 2931 SAINT JOHNS AVE  
UNIT 6  
City-State-Zip: JACKSONVILLE FL 32205

Title DIRECTOR  
Name MCLAIN, CYNTHIA KAHLE  
Address 3051 HIDDEN OAKS DR  
City-State-Zip: MIDDLEBURG FL 32068

Title D  
Name KAHLE MCLAIN, CYNTHIA  
Address 3051 HIDDEN OAKS DRIVE  
City-State-Zip: MIDDLEBURG FL 32068

Title DIRECTOR  
Name DOBERT, JONATHAN  
Address 151 COLLEGE DR STE 14  
City-State-Zip: ORANGE PARK FL 32065

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BENJAMIN NUDEL

**DIRECTOR**

08/24/2023

Electronic Signature of Signing Officer/Director Detail

Date