

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000041736

**Entity Name:** AKRB CORPORATION

**Current Principal Place of Business:**

4465 US HWY 17  
SUITE 2  
FLEMING ISLAND, FL 32003

**Current Mailing Address:**

4465 US HWY 17  
SUITE 2  
FLEMING ISLAND, FL 32003 US

**FEI Number:** 56-2351566

**Certificate of Status Desired:** No

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

RIVERS, EUGENE  
4465 US HWY 17 #2  
FLEMING ISLAND, FL 32003 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name RIVERS, EUGENE III  
Address 414 SUMMERBROOKE DR  
City-State-Zip: TALLAHASSEE FL 32312

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

Title VD  
Name ALTERS, PAT  
Address 2199 ASTOR ST. #203  
City-State-Zip: ORANGE PARK FL 32073

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:** EUGENE RIVERS

OP

03/06/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date