

**2016 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  
2233 PARK AVE  
STE 500  
ORANGE PARK, FL 32073 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 2233 PARK AVE STE 500  
City-State-Zip: ORANGE PARK FL 32073

Title STD  
Name KAHLE, SANDRA  
Address 2233 PARK AVE STE 500  
City-State-Zip: ORANGE PARK FL 32073

Title VD  
Name ALTERS, PAT  
Address 2233 PARK AVE STE 500  
City-State-Zip: ORANGE PARK FL 32073

Title D  
Name GALLI, JENNI K  
Address 2233 PARK AVE #500  
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:** SANDRA C KAHLE

**DIRECTOR**

**02/27/2016**

Electronic Signature of Signing Officer/Director Detail

Date