

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000041736

Entity Name: AKRB CORPORATION**Current Principal Place of Business:**151 COLLEGE DR STE 13
SUITE 2
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 13
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

04/10/2023

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

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**

04/10/2023

Electronic Signature of Signing Officer/Director Detail

Date