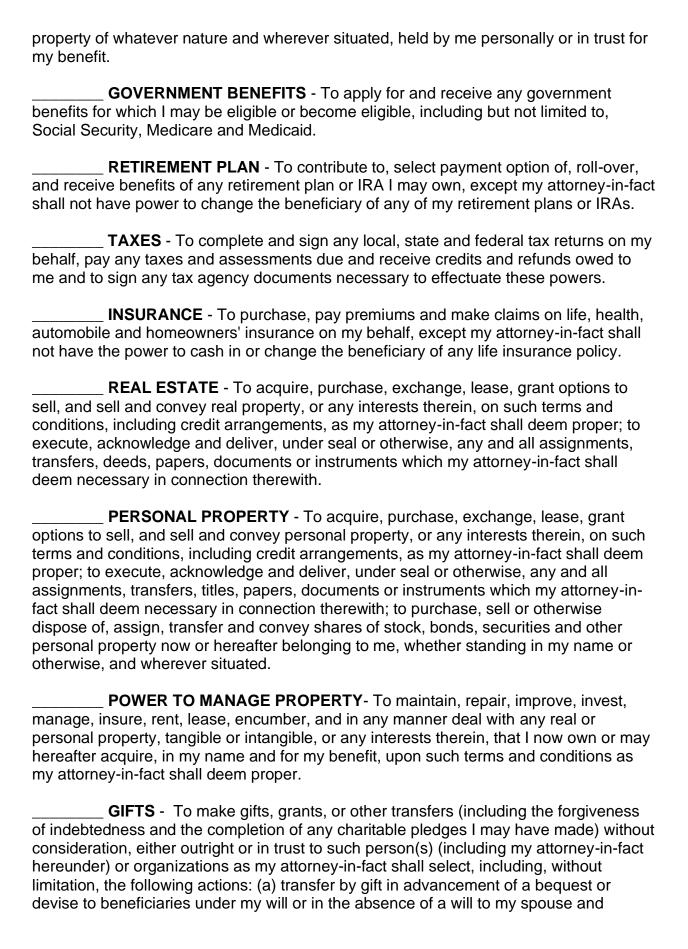
FLORIDA DURABLE POWER OF ATTORNEY

| On the | day of | , 20 | I, | , the | | |
|---|--|--|--|--|--|--|
| principal, | of | , State of | | , the, hereby designate of, my | | |
| | | , of | _, State | of, my | | |
| in my ste | ad and for n | | | as initialed below, in my name, all financial powers of attorney | | |
| EFFECTIVE DATE | | | | | | |
| (Choose the applicable paragraph by placing your initials in the preceding space) | | | | | | |
| the execu | ution of this | | hall not | forth herein immediately upon be affected by any subsequent | | |
| or | | | | | | |
| | _ | vriting, by my attending phy | | forth herein only when it has nat I am unable to properly | | |
| | POWERS OF ATTORNEY-IN-FACT | | | | | |
| • | • | nall exercise powers in my y-in-fact shall have the follo | | rests and for my welfare, as a vers: | | |
| (Choose the applicable power(s) by placing your initials in the preceding space) | | | | | | |
| personal fact's pov | funds by ch and busines vers, my atte | eck or otherwise to pay for ss expenses for my benefit. | goods, s If nece o execu | ssary to effect my attorney-in- e any document required to be | | |
| including to surrence safe-depo | ox rented by drilling, if ne der or reling osit box may | y me or to which I may have ecessary, and to remove all uish said safe-deposit box; | e access or any p and any any liabi | part of the contents thereof, and institution in which any such lity to me or my estate as a | | |
| obligation | me, individuans therefor; | OR BORROWING - To ma ally or jointly with others; to and to deposit or mortgage or all of my securities, real | give pro | eral or for security for the | | |



| renunciation, disclaimer, or declination of any gift to me by will, deed, or trust |
|---|
| LEGAL ADVICE AND PROCEEDINGS - To obtain and pay for legal advice, to initiate or defend legal and administrative proceedings on my behalf, including action against third parties who refuse, without cause, to honor this instrument. |
| SPECIAL INSTRUCTIONS: On the following lines are any special instructions limiting or extending the powers I give to my attorney-in-fact (Write "None" if no additional instructions are given): |
| |
| |

descendants in whatever degree: and (b) release of any life interest, or waiver

AUTHORITY OF ATTORNEY-IN-FACT: Any party dealing with my attorney-in-fact hereunder may rely absolutely on the authority granted herein and need not look to the application of any proceeds nor the authority of my attorney-in-fact as to any action taken hereunder. In this regard, no person who may in good faith act in reliance upon the representations of my attorney-in-fact or the authority granted hereunder shall incur any liability to me or my estate as a result of such act. I hereby ratify and confirm whatever my attorney-in-fact shall lawfully do under this instrument. My attorney-in-fact is authorized as he or she deems necessary to bring an action in court so that this instrument shall be given the full power and effect that I intend on by executing it.

LIABILITY OF ATTORNEY-IN-FACT: My attorney-in-fact shall not incur any liability to me under this power except for a breach of fiduciary duty.

REIMBURSEMENT OF ATTORNEY-IN-FACT: My attorney-in-fact is entitled to reimbursement for reasonable expenses incurred in exercising powers hereunder, and to reasonable compensation for services provided as attorney-in-fact.

AMENDMENT AND REVOCATION: I can amend or revoke this power of attorney through a writing delivered to my attorney-in-fact. Any amendment or revocation is ineffective as to a third party until such third party has notice of such revocation or amendment.

STATE LAW: This Power of Attorney is governed by the laws of the State of Florida. This durable power of attorney is not terminated by subsequent incapacity of the principal except as provided in chapter 709, Florida Statutes. All of the powers and provisions of said Statute shall be in addition to the powers and provisions thereof and not in limitation thereof.

PHOTOCOPIES: Photocopies of this document can be relied upon as though they were originals.

| IN WITNESS WHEREOF, I have on this | s day of | , 20, |
|---|---|--|
| executed this Financial Power of Attorne | ey. | |
| Principal's Signature | | |
| We, the witnesses, each do hereby deciprincipal signed and executed this instruprincipal signed it willingly, that each of witness at the request of the principal arbest of our knowledge, the principal is eand under no constraint or undue influence. | ument in the presence us hereby signs this Pond in the principal's presignteen years of age o | of each of us, that the ower of Attorney as esence, and that, to the |
| Witness's Signature | | |
| Address | | |
| Witness's Signature | | |
| Address | | |
| STATE OF | | |
| County, ss. | | |
| The foregoing instrument was acknowle presence or □ online notarization, this who is personally k | day of known to me or who ha | , , by |
| | Notary Public | |
| | My commission expire | es: |

SPECIMEN SIGNATURE AND ACCEPTANCE OF APPOINTMENT

| I,, the attorn appointment as attorney-in-fact in acc | ey-in-fact named above, hereby accept ordance with the foregoing instrument. |
|--|--|
| | |
| | Attorney-in-Fact's Signature |
| | |
| STATE OF | |
| County, ss. | |
| | vledged before me by means of □ physical s, day of, by v known to me or who has produced identification. |
| | Notary Public |
| | My commission expires: |