

Prepared by: _____

Power Of Attorney

Know All Men By These Premises

That _____, has/have made, constituted and appointed, and by these presents do make, constitute and

appoint _____ Attorney for _____ and in _____ name, place and stead.

Giving and granting unto _____ said Attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises and fully, to al intents and purposes, as I/we might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that

_____ said Attorney or substitute shall lawfully do or cause to be done by virtue hereof.

In Witness Whereof, _____ have hereunto set _____ hand and seat the _____ day of _____, 20_____.

Witness Signature

Signature

Printed Name

Printed Name

Witness Signature

Post Office Address

Printed Name

Printed Name

Witness Signature

Signature

Printed Name

Post Office Address

Witness Signature

Signature

Printed Name

Post Office Address

State of Florida **County of Wakulla**

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by

_____, who is personally known to me or has produced _____ as identification and who did/did not take an oath.

Signature of Notary/Deputy Clerk

Printed Name