

REVOCATION OF POWER OF ATTORNEY

I, _____, of _____, do hereby
revoke the Power of Attorney dated _____ and recorded in book _____,
and page _____, of the records of Wakulla County, State of Florida, that was granted
to _____, of _____, and withdraw every
power and authority conferred therein.

This instrument shall serve as notice to _____ and to all interested
persons that the above Power of Attorney hereby is null and void and of no further force
of effect.

Dated _____

(Principal)

(Signature of Witness)

(Signature of Witness)

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.

(Notary Public)