

POWER OF ATTORNEY

To all persons, be it known, that I, _____, of
_____, Florida contractor's license
number _____, do hereby grant a Special Power of Attorney to
_____ in order to establish a State Certified Contractor
License Qualification File in Manatee County.

This the ____ day of _____ 20____

Contractor's Name

State of _____

County of _____

The foregoing instrument was acknowledged before me this ____ day of _____,
20 ____, by _____, who is personally known to me.

Notary's Signature