

DURABLE POWER OF ATTORNEY

By this Durable Power of Attorney, I, SUZANNE SCOLLARD TOMLINSON, of Duval County, Florida, appoint my daughter, GINA SUZANNE GILL, as my Agent (attorney-in-fact) to manage my affairs.

This Durable Power of Attorney shall not be affected by any physical or mental disability that I may suffer, except as provided in Chapter 709, Florida Statutes, and it shall be exercisable from this date. All acts done by my Agent pursuant to this power shall bind me, my heirs, devisees and personal representatives. This power of attorney is nondelegable.

All of my property and interest in property are subject to this Durable Power of Attorney.

Without limiting the broad powers conferred by the preceding provisions, I authorize my Agent to:

1. Conduct banking transactions as provided in Section 709.2208(1), Florida Statutes.
2. Conduct investment transactions as provided in Section 709.2208(2), Florida Statutes, including in addition investment transactions with respect to commodities futures contracts and call and put options in stocks and stock indexes.
3. Collect all sums of money and other property that may be payable or belonging to me, and to execute receipts, releases, cancellations or discharges.
4. Settle any accounts in which I have any interest and to pay or receive the balance of that account.
5. Borrow money on such terms and with such security as my Agent thinks fit and to execute all notes, mortgages and other instruments that my Agent finds necessary or desirable.
6. Draw, accept, endorse or otherwise deal with any checks or other commercial instruments, specifically including the right to make withdrawals from any checking or savings account.
7. Redeem bonds issued by the United States Government or any of its agencies, any other bonds and any certificates of deposit or other similar assets belonging to me.
8. Sell or redeem any of my assets, including but not limited to real estate, bonds, shares of stock, mutual funds, annuities, warrants and debentures, and specifically including the power to surrender any life insurance policy for its cash value, and to execute all assignments and deeds or other instruments necessary or proper for transferring them to the purchaser or purchasers, and give good receipts and discharges for all money payable with regard to them.
9. Sell, convey, or mortgage homestead property or join in a sale, conveyance, or mortgage of homestead property.

THE POWERS IN 10 THROUGH 19 SHALL APPLY ONLY IF INITIALED BY ME:

10 10. Make gifts or transfers of any of my property in connection with estate, gift, income or generation skipping tax planning procedures for me consistent with my general testamentary intent, and without regard to amount. Provided, however, gifts to the Agent shall not exceed the annual exclusion as described in Section 2503(b) of the Internal Revenue Code of 1986, as amended from time to time, if the Agent is not my spouse. My Agent shall also have the power to consent on my behalf to gift-splitting for gifts made by my spouse, regardless of the amount of such gifts.

11 11. Exercise any power of revocation or amendment retained by me over any intervivos trust of which I am or may become grantor, as may be required or advisable to better accomplish my intent as expressed therein, and transfer any of my assets to the trustee of any intervivos trust of which I am or may become grantor. My Agent shall also have the specific power to amend any intervivos trust of which I am the grantor and the sole trustee to make my Agent the sole trustee or a co-Trustee of such trust.

12 12. Create an intervivos trust for me consistent with my general testamentary intent.

13 13. Disclaim any assets passing to me.

14 14. Create or change rights of survivorship in any account of mine at any financial institution, or insurance company, consistent with my general testamentary intent.

15 15. Make on my behalf any elections or choices available to me, and give on my behalf any consents required, by reason of my participation in a qualified retirement plan or by reason of being the beneficiary of a participant in a qualified retirement plan and make any elections or choices available to me, and give on my behalf any consents required, under any Individual Retirement Account of which I am the owner or beneficiary, including the right to withdraw money and make investment decisions.

16 16. Establish for my benefit one or more Individual Retirement Accounts with any Trustee or custodian and transfer any of my assets to the Trustee or custodian of any Individual Retirement Account established for my benefit.

17 17. Designate a beneficiary or change a beneficiary of any Individual Retirement Account, or of any qualified retirement plan account of mine, consistent with my general testamentary intent.

18 18. Create or change a beneficiary designation on any insurance or annuity policy, or in any other asset with a named beneficiary in which I have any interest, consistent with my general testamentary intent.

19 19. Waive my right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan.

20. Manage, lease, and superintend any of my real estate.

21. Purchase bonds, shares of stock, mutual funds and any other securities, annuities, or real estate, as my Agent thinks fit.
22. Exercise on my behalf stock options, specifically including incentive stock options and non-qualified stock options.
23. Vote at all meetings of owners of any business entity and otherwise act as my proxy with respect to my shares of stock (or other ownership interests) or other securities or investments that now or hereafter belong to me, and appoint substitutes or proxies with respect to any of those shares of stock or ownership interests.
24. Execute on my behalf any tax return, make any tax elections or consents that I could make, specifically including elections with respect to stock options, and act for me in any examination, audit, hearing, conferences or litigation relating to taxes, including authority to file and prosecute refund claims and enter into any settlements.
25. Engage, employ and dismiss any agents, clerks, servants or other persons as my Agent, in the sole discretion of my Agent, shall deem necessary and advisable.
26. Prosecute, defend and settle all actions or other legal proceedings respecting me or any of my assets in any manner.
27. Organize, either singly or in conjunction with others, a corporation, partnership or other entity and to transfer assets to such entity.
28. Make all health care decisions for me (except those specific decisions to be made by my surrogate under my living will). My Agent shall have all powers and authority granted health care surrogates under Section 765.205, Florida Statutes, including, but not limited to, the power to arrange for and consent to any medical, therapeutical, and/or surgical procedures for me, including the administration of drugs.
29. Make all decisions for me regarding my living arrangements and personal care, including whether I should be cared for at my home or admitted to a medical, nursing, residential or similar facility and the type and extent of care necessary to maintain my standard of living.
30. Authorize my admission to a medical, nursing, residential or similar facility and to enter into agreements for my care.
31. Authorize my admission to a mental health facility for psychiatric or psychological evaluation, treatment or care and to release me from such facility.
32. Have access to any and all of my medical records, medical history, billing and other information related to my medical care and to execute releases authorizing the disclosure of such information. For purposes of the Health Insurance Portability and Accountability Act (HIPAA), my Agent shall be considered my personal representative and shall have the authority to access and disclose my protected health information.

33. Enter any safe deposit box standing in my name (alone or jointly), and to remove any or all contents.

34. Collect and receive all sums of money and other property that may be payable to me by reason of my participation in a qualified retirement plan or by reason of my being the beneficiary of a participant in a qualified retirement plan, or that may be payable to me from an Individual Retirement Account as owner or beneficiary.

35. Execute and fund an Irrevocable Income Cap Trust on my behalf to enable me to qualify for Medicaid benefits or any other governmental assistance programs.

36. Do anything regarding my estate, property and affairs that I could do myself, if competent.

37. Have complete access to and control over all of my "digital assets" and accounts. As used herein, the term "digital assets" shall include digital devices, including, but not limited to desktops, laptops, tablets, peripherals, storage devices, mobile telephones, smartphones, and any similar digital device which currently exists or may exist as technology develops or such comparable items as technology develops, as well as the files stored on them.

My Agent shall have the powers initialed above notwithstanding the fact that in a particular case a power may allow the Agent to create in the Agent, or in an individual to whom the Agent owes a legal obligation of support, an interest in my property, whether by gift, right of survivorship, beneficiary designation, disclaimer, or otherwise, whether or not my Agent is an ancestor, spouse, or descendant of mine.

The powers conferred upon my Agent extend to all of my right, title and interest in property in which I may have an interest jointly with any other persons, whether in an estate by the entireties, joint tenancy or tenancy in common.

Third parties who act in reliance upon the authority granted to my Agent under this Durable Power of Attorney and in accordance with the instructions of the Agent shall be, and are hereby, held harmless by me from any loss suffered or liability incurred as a result of actions taken prior to receipt of written notice of revocation, suspension, notice of a petition to determine incapacity, partial or complete termination, or death of me.

My Agent shall exercise this Durable Power of Attorney only for my benefit, and not to benefit my Agent (except as otherwise provided specifically herein, and then only consistent with my general testamentary intent).

My Agent shall not be liable for any acts or decisions made by the Agent in good faith and under the terms of this Durable Power of Attorney.

The authority of my Agent to receive health information and make health care decisions is exercisable immediately without the necessity for a determination of incapacity as provided in Section 765.204, Florida Statutes.

This instrument is executed by me in the State of Florida, but it is my intention that this power of attorney shall be exercisable in any other state or jurisdiction where I may have any property or interest in property, provided that my Agent shall have no right, power, authority or interest over or in any passive foreign investment company or any financial asset or account in a foreign financial institution unless my Agent affirmatively accepts that right, power, authority or interest in writing.

Copies of this instrument shall have the same force and effect as the original.

I hereby confirm all acts of my Agent pursuant to this power.

Any act that is done under this power between the revocation of this instrument and notice of that revocation to my Agent, GINA SUZANNE GILL, shall be valid unless the person claiming the benefit of the act had notice of that revocation.

IN WITNESS WHEREOF, I have set my hand and seal, this 6th day of July, 2022.

Signed, Sealed and Delivered
in the Presence of:

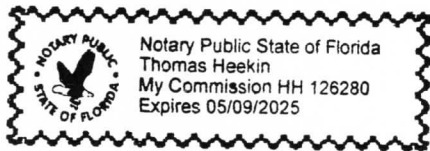
Ango Swaney
TU

ORIGINAL DOCUMENT DEPOSITED WITH
FISHER, TOUSEY, LEAS & BALL
501 RIVERSIDE AVENUE, SUITE 700
JACKSONVILLE, FL 32202
904-356-2600

THIS COPY IS NOT LEGALLY EFFECTIVE

STATE OF FLORIDA
COUNTY OF Duval

The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, this 6th day of July, 2022, by SUZANNE SCOLLARD TOMLINSON, who is personally known to me or has produced FL. DL. as identification.



TU
Print Name: Thomas Heekin
Notary Public, State of Florida
Commission No. _____
Commission Expires: _____