

AMENDMENT

IN RE:

Greg Davenport Enterprises, Inc., 613 Corbel Drive, Naples, FL 34110, Claimant,

vs

Hawkins Environmental, Inc., 900 Bellevue Avenue, Daytona Beach, FL 32114-2026,
Respondent. (Unlicensed Dealer Claim)

AMOUNT OF AMENDED CLAIM: \$1,660.50

This is an Amendment to and to be made a part of the claim as styled above and filed with the Florida Department of Agricultural and Consumer Services.

Items (10 & 11) Legal Name of Co-Respondent and Mailing Address: There is no bond for the Respondent; therefore, these items are deleted from our claim. (14) FOR PRODUCER'S AGENT ONLY. Since, we are filing this claim as a producer. This item is deleted from our claim.

Greg Davenport Enterprises, Inc.
BY: [Signature]
TITLE: President
(Owner or Officer of Corp.)

Sworn to and subscribed before me this

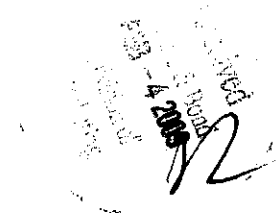
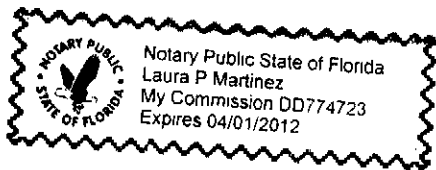
2 day of Feb, 2009.

[Signature]
Notary Public

- Personally Known
- Produced Identification

My Commission Expires: 04/01/2012

Please mail to: Bureau of Agricultural Dealer's
Mayo Bldg., M-38
Tallahassee, FL 32399-0800



Original



Florida Department of Agriculture and Consumer Services

AGRICULTURAL PRODUCTS DEALER CLAIM FORM

Section 604.21, Florida Statutes

CHARLES H. BRONSON COMMISSIONER

Make check payable and submit forms to:

Florida Department of Agriculture and Consumer Services Post Office Box 6700 Tallahassee, Florida 32314-6700

Phone (850) 922-0153 Fax (850) 921-8312

NOTE: Incomplete filings may delay the processing of your claim. Please retain a copy of this form for your files.

Note: All documents and attachments submitted with this claim are subject to public review pursuant to Chapter 119, F.S.

1. Type of Claim:

I am filing this claim as a

Producer [checked] Agent [] Licensed Agricultural Products Dealer [] License Number _____

2. Legal name of Claimant (Producer, Agent, or Licensed Dealer):

Greg DAVENPORT Enterprises INC (Individual's name, partners names, corporate name, co-op, etc.)

3. Trade name of Claimant (d/b/a, fictitious name, etc.):

4. Telephone Number of Claimant:

(239) - 304 - 5990 Ext. _____

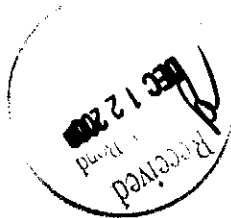
5. Complete mailing address of Claimant:

Street Address or P.O. Box: 613 Corbel Dr City: Naples State: FL Zip: 34110

6. Legal name of Respondent (Dealer):

HAWKINS ENVIRONMENTAL INC (Individual's name, partners names, corporate name, co-op, etc.)

7. Trade name of Respondent (d/b/a, fictitious name, etc.):



DO NOT WRITE IN THIS SPACE Org Code: 4206040000 EO: A2 Object Code: 001134 09-02652212-0001 50.00 12/10/2008 Dep#991822

8. Telephone Number of Respondent:

(386) - 252 - 3334 Ext. _____

9. Complete mailing address of Respondent:

Street Address or P.O. Box: 900 Bellevue Ave.
 City: Daytona Bch State: FL Zip: 32114-2026

10. Legal name of Co-Respondent (Surety Company or Financial Institution):

AUTO OWNERS Insurance Company

11. Complete mailing address of Co-Respondent:

Street Address or P.O. Box: P.O. Box 30660
 City: Lansing State: MI Zip: 48909-8160

12. Transaction(s): Claimants filing a claim as a producer's agent must also complete Item 14:
 (Attach additional pages as necessary using same format.)

<u>DATE OF SALE</u>	<u>QUANTITY, PRODUCTS AND PRICE PER UNIT</u>	<u>INVOICE AMOUNT</u>
7-9-08	12# 3gAL Pines - 5.00 = 60.00	1,610.50
	8# 10gAL Pines - 30.00 = 240.00	
	5# 25gAL Pines 75 = 375.00	
	10# 25gAL Cypress = 750.00	
	<u>1,425.00</u>	
	TAX 85.50	
	freight - 100.00	
	<u>1610.50</u>	

13. Claim Total (Minimum Claim must equal \$500):

\$ 1,610.50

Claim Filing Fee

\$ 50.00

Grand Total

\$ 1,660.50



FOR PRODUCER'S AGENT ONLY (Attach additional pages as necessary using same format.)

14. The producers of agricultural products involved in this claim are as follows:

- 1. Date of Sale: 7-9-08 Producer: Greg Davenport Enterprises Inc.
Producer's Address: 613 CORBEL DR.
Commodity: TREES Amount: 1,610.50
- 2. Date of Sale: _____ Producer: _____
Producer's Address: _____
Commodity: _____ Amount: _____
- 3. Date of Sale: _____ Producer: _____
Producer's Address: _____
Commodity: _____ Amount: _____
- 4. Date of Sale: _____ Producer: _____
Producer's Address: _____
Commodity: _____ Amount: _____
- 5. Date of Sale: _____ Producer: _____
Producer's Address: _____
Commodity: _____ Amount: _____

15. The transaction(s) listed in Item 12 were made upon the conditions and manner as follows:

Terms of Sale:

F.O.B. Delivered Other Explain _____

Purchased by SCOTT HAWKINS
(Respondent, Agent, or Employee)

Manner of Purchase:

After Inspection By Telephone By Telegram

Other Explain _____

Purchased from GREG DAVENPORT
(Claimant, Agent or Employee)

16. In support of this claim, attached hereto is the following documentary evidence:

Invoice(s) Receipt(s) Manifest

Inspection Certificate Shipping Order Telegram

Other Explain _____

DEC 12 2008
[Handwritten initials]

17. I DECLARE UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION PROVIDED IN ANSWER TO QUESTIONS 1-16, AND IN THE EXHIBITS ATTACHED HERETO, IS TRUE AND CORRECT.

I DECLARE THAT: (Select one)

- Claimant, as listed in Item 2, is the producer of the agricultural products listed in Item 12, which were produced in Collier County(s), Florida and sold to Respondent, as listed in Item 6, on the dates and in the amounts indicated. Respondent is justly indebted to Claimant for the described Florida-grown agricultural products, and the indebtedness results from Respondent's failure to properly make payment and/or accounting as required by Sections 604.15-604.34, FS.
- Claimant, as listed in Item 2, is the agent of the Florida producer(s) listed in Item 14. The agricultural products listed in Item 12 were produced in _____ County(s), Florida and sold to Respondent, as listed in Item 6, on the dates and in the amounts indicated. Respondent is justly indebted to Claimant for the described Florida-grown agricultural products, and the indebtedness results from Respondent's failure to properly make payment and/or accounting as required by Sections 604.15-604.34, FS.
- Claimant, as listed in Item 2, is a dealer in agricultural products as defined in Section 604.15(1), FS, and was properly licensed by the Department at the time of the transactions described in Item 12. The agricultural products listed in Item 12 were produced in _____ County(s), Florida and sold to Respondent, as listed in Item 6, on the dates and in the amounts indicated. Respondent is justly indebted to Claimant for the described Florida-grown agricultural products, and the indebtedness results from Respondent's failure to properly make payment and/or accounting as required by Sections 604.15-604.34, FS.

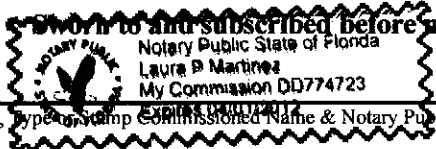
Sign Here (The individual signing this claim must be an owner, partner, or, in the case of a corporation or co-op, an officer of claimant.)

Signature: [Handwritten Signature]

Print Name: N. GREGORY DAVENPORT Title: President

Before me, the undersigned, personally appeared (Owner, Partner or Officer) _____, who states that he or she has read and understands the statements in Item 17 of this claim and that all foregoing items are true and correct.

Subscribed to and subscribed before me this 3 day of December, 2008.



[Handwritten Signature]
(Signature of Notary Public)

(Print, type or stamp Commissioned Name & Notary Public)
Personally Known or Produced Identification Type of Identification Produced _____
My Commission Expires 04/01/2012

Claimant must submit the original and two copies of the claim form (each bearing original signatures and notarizations) together with three copies of all evidence documenting the sale(s). Claimant must provide a \$50 filing fee for each claim filed with the Department.