



Florida Department of Agriculture and Consumer Services

AGRICULTURAL PRODUCTS DEALER CLAIM FORM

Section 604.21, Florida Statutes

Make check payable and submit forms to:

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

CHARLES H. BRONSON
COMMISSIONER

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 Agent Licensed Agricultural Products Dealer License Number 116945

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

HARMON SOD COMPANY, LLC
(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:

(772) - 465 - 1153 Ext. _____

5. Complete mailing address of Claimant:

Street Address or P.O. Box: P.O. Box 1178
City: Fort Pierce State: FL Zip: 34954

6. Legal name of Respondent (Dealer):

GATOR'S SOD, INC
(Individual's name, partners names, corporate name, co-op, etc.)

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

GATOR'S SOD, INC

DO NOT WRITE IN THIS SPACE
Org Code: 42060400000 EO: A2
Object Code: 001134

8. Telephone Number of Respondent:
 (772) - 571 - 1331 Ext. _____

9. Complete mailing address of Respondent:
 Street Address or P.O. Box: 5 SOUTH ELM ST.
 City: FELLSMERE State: FL Zip: 32948

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

11. Complete mailing address of Co-Respondent:
 Street Address or P.O. Box: 101 S. PHILLIPS AVE
 City: SIOUX FALL State: SD Zip: 57104

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>
<u>SEE ATTACHED INVOICES</u>		

13. Claim Total (Minimum Claim must equal \$500): \$ 5116.50
 Claim Filing Fee \$ 50.00
 Grand Total \$ 5166.50

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: _____ Producer: _____
Producer's Address: _____
Commodity: _____ Amount: _____
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 PICKED UP AT SOD FIELD

Purchased by GATOR'S SOD, INC
(Respondent, Agent, or Employee)

Manner of Purchase:

After Inspection By Telephone By Telegram

Other Explain _____

Purchased from HARMON SOD COMPANY, INC
(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 + SUMMARY OF INVOICES

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)

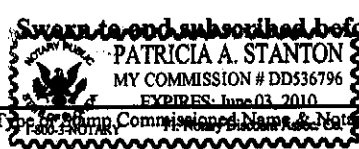
- Claimant, as listed in Item 2, is the producer of the agricultural products listed in Item 12, which were produced in _____ County(s), Florida and sold to Respondent, as listed in Item 6, on the dates and in the amounts indicated. Respondent is justly indebted to Claimant for the described Florida-grown 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 ST. LUCIE / INDIAN RIVER 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: JOHN WUCHTE Title: MGR

Before me, the undersigned, personally appeared (Owner, Partner or Officer) JOHN WUCHTE, 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.



[Handwritten Signature]
(Signature of Notary Public)

Personally Known or Produced Identification Type of Identification Produced _____

My Commission Expires _____

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.