

AMENDMENT

IN RE:

Beeman's Nursery, Inc., 3637 State Road 44, New Smyrna Beach, FL 32168, Claimant,

vs

Hawkins Environmental, Inc., 900 Bellevue Avenue, Daytona Beach, FL 32114-2026, Respondent,

Auto Owners Insurance Company, P. O. Box 30660, Lansing, MI 48909-8160, as Surety, Co-Respondent.

AMOUNT OF AMENDED CLAIM: \$50,426.97

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.

Item (15) Delete For Producer's Agent Only: As we are filing this claim as a producer and not an agent, the agent information is not applicable. Invoice #8774, dated July 10, 2007, ship date July 10, 2007 in the amount of \$2,193.90 is not timely filed and is deleted from our claim total. In our Beeman's Nursery, Inc., **Sales by Item Detail; All Transactions** summary sheet where we listed all of our Dates of Sale, Invoice Numbers, Memo, Qty., Sales Price and Amount, we included duplicate invoices on our list totaling \$6,750. The duplicate invoices/charges were not included as duplicate charges from our invoices; therefore, they were not included in our claim total of \$52,570.87 and are hereby disregarded from our claim. Therefore, Item (14) Claim Total will be amended deleting Invoice #8774, dated July 10, 2007, in the amount of \$2,193.90. Item (14) Claim Total is amended to \$50,376.97 and the Grand Total is amended to \$50,426.97 which includes the \$50 claim filing fee.

Beeman's Nursery, Inc.

BY: *Christine Stevens*

TITLE: Treasurer
(Owner or Officer of Corp.)

Sworn to and subscribed before me this

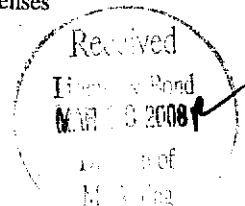
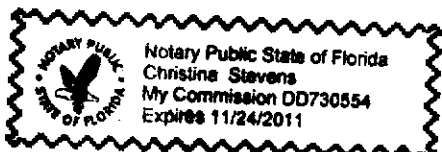
14th day of March, 2008.

Christine Stevens
Notary Public

- Personally Known
- Produced Identification
- Type Produced

My Commission Expires: 11/24/11

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





FLORIDA DEPARTMENT OF AGRICULTURE & 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 & 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):

Beeman's Nursery, Inc. (Individual's name, partners names, corporate name, co-op, etc.)

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

4. Federal Employer Identification Number of Claimant:

59-36062752

5. Telephone Number of Claimant:

(386) - 428 - 8889 Ext. _____

6. Complete mailing address of Claimant:

Street Address or P.O. Box: 3637 State Road 44 City: New Smyrna Bch State: FL Zip: 32168

7. Legal name of Respondent (Dealer):

Hawkins Environmental, Inc. (Individual's name, partners names, corporate name, co-op, etc.)

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

DO NOT WRITE IN THIS SPACE

Org Code: 4206040000 EO A2 Object Code: 001134

FEB 11 2008

08-02470724-0001 50.00 01/31/2008 Dep#991791

Florida Department of Agriculture and Consumer Services
Agricultural Products Dealer - Claim Form

9. Telephone Number of Respondent:

(386) - 252 - 3334 Ext. _____

10. Complete mailing address of Respondent:

Street Address or P.O. Box: 900 Bellevue Ave - (new) Kingston (old)
City: Daytona Beach State: FL Zip: 32114-2026

11. Legal name of Co-Respondent (Surety Company or Financial Institution):
Auto Owners Insurance Company

12. Complete mailing address of Co-Respondent:

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

13. Transaction(s): Claimants filing a claim as a producer's agent must also complete Item 15:
(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>
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Please see attached!

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

\$ 52570.87

Claim Filing Fee

\$ 50.00

Grand Total

\$ 52620.97

BN

Florida Department of Agriculture and Consumer Services
Agricultural Products Dealer - Claim Form

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

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

- 1. Date of Sale: 8/07-12/07 Producer: Beeman's Nursery
 Producer's Address: 3637 SR 44 New Smyrna Bch, FL 32168
 Commodity: native grasses 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: _____

16. The transaction(s) listed in Item 13 were made upon the conditions and manner as follows:

Terms of Sale:

F.O.B. Delivered Other Explain Pickups

Purchased by Scott Sheridan
(Respondent, Agent, or Employee)

Manner of Purchase:

After Inspection By Telephone By Telegram

Other Explain By Fax

Purchased from Stephen Beeman
(Claimant, Agent or Employee)

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

- Invoice(s) Receipt(s) Manifest
- Inspection Certificate Shipping Order Telegram
- Other Explain Bills of Lading

FEB 10 2008
Marketing

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

I DECLARE THAT: (Select one)

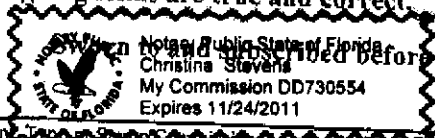
- Claimant, as listed in Item 2, is the producer of the agricultural products listed in Item 13, which were produced in Volusia County(s), Florida and sold to Respondent, as listed in Item 7, on the dates and in the amounts indicated. Respondent is justly indebted to Claimant for the described Florida-grown 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 15. The agricultural products listed in Item 13 were produced in _____ County(s), Florida and sold to Respondent, as listed in Item 7, 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 13. The agricultural products listed in Item 13 were produced in _____ County(s), Florida and sold to Respondent, as listed in Item 7, 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 cop, an officer of claimant.)

Signature: Colette M Linsley

Print Name: Colette M Linsley Title: Treasurer

Before me, the undersigned, personally appeared (Owner, Partner or Officer) Colette Linsley, who states that he or she has read and understands the statements in Item 18 of this claim and that all foregoing items are true and correct.



Subscribed before me this 21st day of January, 20 08.

[Signature]
(Signature of Notary Public)

Personally Known or Produced Identification Type of Identification Produced _____

My Commission Expires 11/24/11

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.

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