



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 Agent Licensed Agricultural Products Dealer License Number _____

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

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

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

N/A

4. Telephone Number of Claimant:

(863) - 375 - 4450 Ext. _____

5. Complete mailing address of Claimant:

Street Address or P.O. Box: P.O. Box 863
City: Bowling Green State: FL Zip: 33834

6. Legal name of Respondent (Dealer):

Creative Tree Solutions, Inc
(Individual's name, partners names, corporate name, co-op, etc.)

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

N/A

DO NOT WRITE IN THIS SPACE

Org Code: 42060400000 EO: A2

Object Code: 001134

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

8. Telephone Number of Respondent:
(904) - 307 - 2342 Ext. _____

9. Complete mailing address of Respondent:
Street Address or P.O. Box: P.O. Box 2189
City: Minncola State: FL Zip: 34755

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

11. Complete mailing address of Co-Respondent:
Street Address or P.O. Box: Hartford Plaza T-4
City: Hartford State: CT Zip: 06115

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> |
|---------------------|--|-----------------------|
| 11/7/08 | See attached invoice #13134 | \$ 1199.40 |
| 11/11/08 | See attached invoice #13147 | 1,553.75 |
| 11/13/08 | See attached invoice #13153 | 1,994.50 |
| 12/2/08 | See attached invoice #13180 | 670.00 |
| 1/19/09 | See attached invoice #13216 | 1780.25 |
| 1/28/09 | See attached invoice #13234 | 0 |

13. Claim Total (Minimum Claim must equal \$500): \$ 7,197.90
 Claim Filing Fee \$ 50.00
 Grand Total \$ 7,247.90

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Agricultural Products Dealer - Claim Form

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 _____

Purchased by Justin DeBoom and Mike Smith
(Respondent, Agent, or Employee)

Manner of Purchase:

After Inspection By Telephone By Telegram
Other Explain _____

Purchased from Erica Scheipsmeier
(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 Purchase Orders / email

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 Hardee 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 604.13-604.34, 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: Erica Schepsmeyer

Print Name: ERICA SCHEIPSMAYER Title: V PRES

Before me, the undersigned, personally appeared (Owner, Partner or Officer) Erica Schepsmeyer 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.

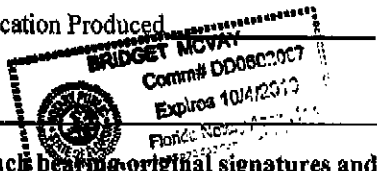
Sworn to and subscribed before me this 6th day of May, 2009.

Bridget McVay
(Print, Type or Stamp Commissioned Name & Notary Public)

Bridget McVay
(Signature of Notary Public)

Personally Known or Produced Identification Type of Identification Produced _____

My Commission Expires 10-4-10



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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