

A M E N D M E N T

IN RE:

Lykes Bros., Inc., 106 SW County Road 721, Okeechobee, FL 34974, Claimant,

vs

Creative Tree Solutions, Inc., P. O. Box 2189, Minneola, FL 34755-2189, Respondent,

Hartford Fire Insurance Company, Hartford Plaza, T-4, Hartford, CT 06115, as Surety, Co-Respondent.

AMOUNT OF AMENDED CLAIM: \$2,560.00

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 (7) Legal Name of Respondent: Creative Tree Solutions, Inc. Item (12) Complete Mailing Address of Co-Respondent: Hartford Plaza, T-4, Hartford, CT 06115. Item (12) Our invoices dated September 24, 2008 and September 25, 2008 totaling \$4,500 are not timely filed and are hereby deleted from our claim total. The original mailing of our claim was post-marked March 26, 2009. Claims must be received by the Department on or prior to 6 months from the date of sale/ship date. Therefore, Item (13) Claim Total is amended to \$2,510 and the Grand Total is amended to \$2,560 (including \$50 claim filing fee).

Lykes Bros., Inc.

BY: Michael A. Wilkerson

TITLE: GENERAL MANAGER
(Owner or Officer of Corp.)

Sworn to and subscribed before me this

Personally Known

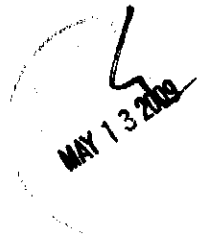
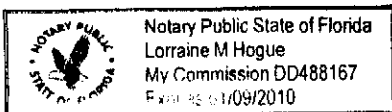
8th day of May 2009.

Produced Identification

Lorraine M Hogue
Notary Public

My Commission Expires: 01/09/2010

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





FLORIDA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES

AGRICULTURAL PRODUCTS DEALER COMPLAINT FORM

Section 604.21, Florida Statutes

Makes 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

**CHARLES B. BRONSON
COMMISSIONER**

**NOTE: Incomplete filings may delay the processing of your complaint. Please retain a copy of this form for your files.
Note: All documents and attachments submitted with this complaint are subject to public review pursuant to Chapter 119, F.S.**

1. Type of Complaint:

I am filing this complaint as a

Producer Agent Licensed Agricultural Products Dealer License Number _____

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

Lykes Bros. Inc.
(Individual's name, partner names, corporate name, co-op, etc.)

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

4. Federal Employer Identification Number of Complainant:

59-0604439

5. Telephone Number of Complainant:

(863) 763-3041 Ext. _____

6. Complete mailing address of Complainant:

Street Address or P.O. Box: 106 SW CR 721
City: Okeechobee State: FL Zip: 34974

7. Legal name of Respondent (Dealer):

CREATVUE TREE SOLUTIONS
(Individual's name, partner 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: 42060400000 SO A2
Object Code: 001134

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

9. Telephone Number of Respondent:

(904) - 307 - 2342 Ext.

10. Complete mailing address of Respondent:

Street Address or P.O. Box: PO Box 2189
City: Minneola State: FL Zip: 32755

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

HARTFORD FIRE INSURANCE CO.

12. Complete mailing address of Co-Respondent:

Street Address or P.O. Box: 1 Hartford Plaza
City: Hartford, State: CT Zip: 06105

13. Transaction(s): Complainants filing a complaint as a producer's agent must also complete Item 15:
(Attach additional pages as necessary using same format.)

DATE OF SALE	QUANTITY, PRODUCTS AND PRICE PER UNIT	INVOICE AMOUNT
9-24-08	32 SABAL Palms	1,950.00
9-25-08	32 SABAL Palms	2,550.00
10-3-08	32 SABAL Palms	2,510.00

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

\$ 7010.00

Complaint Filing Fee

\$ 50.00

Grand Total

\$ 7060.00

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

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

15. The producers of agricultural products involved in this complaint 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: _____

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 _____

Purchased by JUSTIN
(Respondent, Agent, or Employee)

Manner of Purchase:

After Inspection By Telephone By Telegram

Other Explain FAX PURCHASE ORDER

Purchased from: Steve Van Ostran
(Complainant, Agent or Employee)

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

- Invoice(s) Receipt(s) Manifest
- Inspection Certificate Shipping Order Telegram
- Other Explain _____

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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.

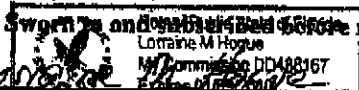
I DECLARE THAT: (Select one)

- Complainant, as listed in Item 2, is the producer of the agricultural products listed in Item 13, which were produced in Glades 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 Complainant 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.
- Complainant, 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 Complainant 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.
- Complainant, 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 Complainant 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 complaint must be an owner, partner, or, in the case of a corporation or co-op, an officer of complainant.)

Signature: Jim Bryan
Print Name: Jim Bryan Title: Manager

Before me, the undersigned, personally appeared (Owner, Partner or Officer) Jim Bryan, who states that he or she has read and understands the statements in Item 13 of this complaint and that all foregoing items are true and correct.



Sworn to and subscribed before me this 24th day of March 2009.
Lorraine M. Hogue
(Signature of Notary Public)

Personally Known or Produced Identification Type of Identification Produced _____

My Commission Expires 01/05/2010

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

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