



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):

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

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

DBA Amplex

4. Telephone Number of Claimant:

(727) - 572 - 4546 Ext. _____

5. Complete mailing address of Claimant:

Street Address or P.O. Box: 13100- 34th Street North
City: Clearwater State: FL Zip: 33762

6. Legal name of Respondent (Dealer):

Front Street Holdings Inc.
(Individual's name, partners names, corporate name, co-op, etc.)

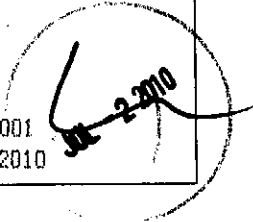
7. Trade name of Respondent (d/b/a, fictitious name, etc.):

DBA Complete Care

2010 JUN 25 PM 6:57
FINANCE & ACCOUNTING

DEPT OF AGRICULTURE & CONSUMER SERVICES

DO NOT WRITE IN THIS SPACE
Org Code: 42060400000 EO: A2
Object Code: 001134
10-02969902-0001
50.00 06/25/2010
Dep#991047



8. Telephone Number of Respondent:
 (727) - 343 - 4000 Ext. _____

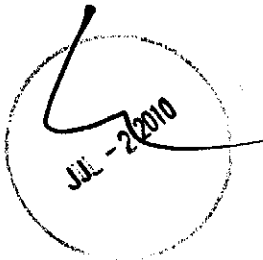
9. Complete mailing address of Respondent:
 Street Address or P.O. Box: 11347 43rd Street North
 City: Clearwater State: FL Zip: 33762

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

11. Complete mailing address of Co-Respondent:
 Street Address or P.O. Box: _____
 City: _____ State: _____ Zip: _____

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.)

DATE OF SALE	QUANTITY, PRODUCTS AND PRICE PER UNIT	INVOICE AMOUNT
12-21-09	Inv. # 135507	308.21
12-22-09	Inv. # 135572	1847.62
12-22-09	Inv. # 135588	52.16
12-22-09	Inv. # 135597	90.42
12-23-09	Inv. # 135608	61.53
01-04-10	Inv. # 135654	156.49
01-11-10	Inv. # 135749	401.25
03-15-10	Inv. # 137294	713.58



13. Claim Total (Minimum Claim must equal \$500): \$ 3631.26
 Claim Filing Fee \$ 50.00
 Grand Total \$ 3681.26

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 Front Street Holdings DBA Complete Care
(Respondent, Agent, or Employee)

Manner of Purchase:

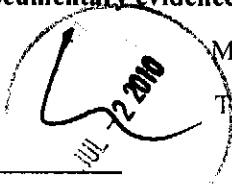
After Inspection By Telephone By Telegram

Other Explain _____

Purchased from GDK Leasing Inc. DBA Amplex
(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 _____



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 Hillsborough 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: Tami McKnight
 Print Name: Tami McKnight Title: Vice President

Before me, the undersigned, personally appeared (Owner, Partner or Officer) Tami McKnight, 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 18th day of June, 2010.



Dawn Linkletter
 (Signature of Notary Public)

(Print, Type or Stamp Commission Number)

Personally Known or Produced Identification Type of Identification Produced _____

My Commission Expires 8/10/2012

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.

2-2010