

AMENDMENT

IN RE:

Crown Harvest Produce Sales, LLC, 2811 Airport Road, Plant City, FL 33563-1145,
Claimant,

vs

American Growers, Inc., P. O. Box 1207, Loxahatchee, FL 33470-1207, Respondent,

Lincoln General Insurance Company, 3350 Whiteford Road, York, PA 17402-0136, as Surety,
Co-Respondent.

AMOUNT OF AMENDED CLAIM: \$19,147.70

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.

JK Item (1) Type of Claim: We are filing this claim as a Licensed Agricultural Dealer,
License Number 115382. Therefore, we have amended this item on the attached
EXHIBIT "A". Item (13) The Claim Total is \$19,097.70 and the Grand Total should be
\$19,147.70 (including the \$50 claim filing fee). Item (14) FOR PRODUCER'S AGENT
ONLY. We have deleted this item on our claim, as it is non-applicable to this claim. Item (15)
Manner of Purchase: We have checked in the space below. Item (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. Since we are filing this claim as a Licensed Agricultural Products
Dealer, we have amended this item on the attached EXHIBIT "B". We have marked through
the first block and initialed the change. We have also placed a check mark in the third block.

Item (15) Manner of Purchase: After Inspection _____, By Telephone *JK*
By Telegram _____, Other _____, Explain _____

Crown Harvest Produce Sales, LLC

BY: *JK*

TITLE: Vice President
(Owner or Officer of Corp.)

Sworn to and subscribed before me this
9th day of July, 2009.

- Personally Known
- Produced Identification
- Type Produced

Richard
Notary Public

My Commission Expires: 6/28/10

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

JUL 13 2009



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JUL 14 2009



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 115382

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

Crown Harvest Produce Sales, LLC
(Individual's name, partner name, corporate name, co-op, etc.)

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

4. Telephone Number of Claimant:

(813) - 754-7554 - Ext. _____

5. Complete mailing address of Claimant:

Street Address or P.O. Box: 2811 Airport Rd.

City: Plant City State: FL Zip: 33563

6. Legal name of Respondent (Dealer):

American Growers, Inc.
(Individual's name, partner name, corporate name, co-op, etc.)

7. 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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JUL 14 2009

JUN 15 2009

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)

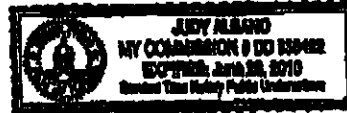
Claimant, as listed in Item 2, is the producer of the agricultural products listed in Item 12, which were produced in Hillborough County(s), Florida and sold to Respondent, as listed in Item 6, on the dates and in the amounts indicated. Respondent is justly indebted to Claimant for the described Florida-grown 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 Hillborough 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: Jeffrey A. Jensen



Print Name: Jeffrey A. Jensen Title: VP

Before me, the undersigned, personally appeared (Owner, Partner or Officer) Jeffrey A. Jensen, 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.

I, the undersigned, do hereby certify that I am this 15th day of June, 2009.
Signature of Notary Public: Jody Albano

Personally Known or Produced Identification Type of Identification Produced _____
My Commission Expires 1/28/10

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.

JUL 13 2009

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JUN 17 2009



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

Phone (850) 922-0153
Fax (850) 921-8312

CHARLES H. BRONSON
COMMISSIONER

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):

Crown Harvest Produce Sales, 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:

(813) - 754-7554 - _____ Ext. _____

5. Complete mailing address of Claimant:

Street Address or P.O. Box: 2811 Airport Rd.
City: Plant City State: FL Zip: 33563

6. Legal name of Respondent (Dealer):

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

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

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Org Code: 42060400000 EO: A2

Object Code: 001134

09-02754739-0001
50.00 06/22/2009
Dep#991060

JUN 23 2009

8. Telephone Number of Respondent:
 (239) -248-1194 - _____ Ext. _____

9. Complete mailing address of Respondent:
 Street Address or P.O. Box: P. O. Box 1207
 City: Loxahatchee State: FL Zip: 33470-1207

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

11. Complete mailing address of Co-Respondent:
 Street Address or P.O. Box: 3350 Whiteford Road
 City: York State: PA Zip: 17402-0136

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>
See Attached Report		

13. Claim Total (Minimum Claim must equal \$500): \$ 19,097.70
 Claim Filing Fee \$ 50.00
 Grand Total \$ 19,047.70

JUN 21


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: See Attached
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 Kent Batchelor
(Respondent, Agent, or Employee)

Manner of Purchase:

After inspection By Telephone By Telegram

Other Explain _____

Purchased from Jeff Jensen
(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 _____

JUN 23 2007

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.
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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.)

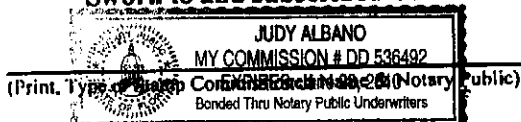
Signature: Jeffrey A. Jensen



Print Name: Jeffrey A. Jensen Title: VP

Before me, the undersigned, personally appeared (Owner, Partner or Officer) Jeffrey A. Jensen, 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 15th day of June, 2009.



Judy Albano
(Signature of Notary Public)

Personally Known or Produced Identification Type of Identification Produced _____

My Commission Expires 6/28/10

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.