

AMENDMENT

IN RE:

Total Landscape Supply, Inc., P. O. Box 697, Monticello, FL 32345, Claimant,

vs

Greenways of America, Inc., P. O. Box 680, Midway, FL 32343, Respondent,

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

**AMOUNT OF AMENDED CLAIM: \$11,330.62**

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 (3) Trade Name of Claimant: Delete as the Claimant is not operating under a fictitious name. Item (8) Trade Name of Respondent: Delete as the Respondent is not operating under a fictitious name. Item (13) Transaction(s), We have claimed \$441.32 in finance charges. These charges are not claimable items under the Statute, therefore, they are hereby deleted from our claim total. Therefore, Item (14) Claim Total is amended to \$11,280.62 and the Grand Total is amended to \$11,330.62. Item (17) In support of this claim, attached hereto is the following documentary evidence: We have also checked the block for Other and explain, Purchase Orders on the attached EXHIBIT "A".

Total Landscape Supply, Inc.

BY: HALSEY W. BESHARS

TITLE: PRESIDENT  
(Owner or Officer of Corp.)

Sworn to and subscribed before me this

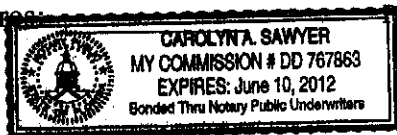
5<sup>th</sup> day of August, 2009.

Carolyn A Sawyer  
Notary Public

Personally Known

Produced Identification

My Commission Expires:



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

u  
AUG - 6 2009

**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: \_\_\_\_\_ 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 BILL BEATY T RUDÉ  
(Respondent, Agent, or Employee)

**Manner of Purchase:**

After Inspection  By Telephone  By Telegram   
Other  Explain \_\_\_\_\_

Purchased from TOTAL LANDSCAPE SUPPLY  
(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 Purchase Orders

AUG - 6 2008

11 17 73



FLORIDA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES

AGRICULTURAL PRODUCTS DEALER CLAIM FORM

Section 604.21, Florida Statutes

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

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 [checked] Agent [ ] Licensed Agricultural Products Dealer [ ] License Number \_\_\_\_\_

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

Total Landscape Supply, Inc.
(Individual's name, partners names, corporate name, co-op, etc.)

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

Total Landscape Supply

4. Federal Employer Identification Number of Claimant:

59 - 3677060

5. Telephone Number of Claimant:

(850) - 997 - 5054 Ext. \_\_\_\_\_

6. Complete mailing address of Claimant:

Street Address or P.O. Box: P.O. Box 697
City: Monticello State: FL Zip: 32345

7. Legal name of Respondent (Dealer):

Greenways of America, Inc.
(Individual's name, partners names, corporate name, co-op, etc.)

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

Greenways of America

DO NOT WRITE IN THIS SPACE

Org Code: 42060400000 EO A2
Object Code: 001134

9. Telephone Number of Respondent:

(850) - 576 - 6255 Ext. \_\_\_\_\_

10. Complete mailing address of Respondent:

Street Address or P.O. Box: P.O. Box 680  
 City: MIDWAY State: FL Zip: 32343

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

HARTFORD FIRE INSURANCE COMPANY

12. Complete mailing address of Co-Respondent:

Street Address or P.O. Box: HARTFORD PLAZA  
 City: HARTFORD State: CT Zip: 06115

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>
1/20/2009	10 Live Oaks #45	1872.50
1/26/2009	10 Palms, 75 Hawthorne, 48 Schultings 130 Lantana, 53 Mulby, Freight	2387.39
3/12/2009	10 Crabapple	\$ 535.00
4/1/2009	92 Pink Rose	689.08
5/2/2009	12 Crepe Myrtle, 8 Ligustrum, 3 Viburnum 157 Hawthorne, Freight	1591.05
5/4/2009	215 Oakleaf Holly #3	1325.38
5/11/2009	2 Ligustrum #15	96.30
5/13/2009	16 Dogwood, 6 Redbud, 1 Hydrangea	477.76
5/20/2009	See attached	1087.12
6/08/2009	See Attached	719.04
7/1/2009	See Attached	441.32

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

\$ 11,721.94

Claim Filing Fee

\$ 50.00

Grand Total

\$ 11,771.94

**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: \_\_\_\_\_ 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 BILL BEATY T RUDE  
(Respondent, Agent, or Employee)

**Manner of Purchase:**

After Inspection  By Telephone  By Telegram

Other  Explain \_\_\_\_\_

Purchased from TOTAL LANDSCAPE SUPPLY  
(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 \_\_\_\_\_

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 JEFFERSON 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 co-op, an officer of claimant.)

Signature: H.W. Beshears

Print Name: HALSEY W. BESHEARS Title: PRESIDENT

Before me, the undersigned, personally appeared (Owner, Partner or Officer) Halsey W. Beshears, 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.

Swo  and I have signed this

17th day of July, 2009.

Carolyn A. Sawyer  
(Signature of Notary Public)

Personally Known  or Produced Identification  Type of Identification Produced \_\_\_\_\_

My Commission Expires June 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.