



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):**

Dixie Growers, Inc  
(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 - 7652 Ext. \_\_\_\_\_

**5. Complete mailing address of Claimant:**

Street Address or P.O. Box: P. O. Box 1686  
City: Plant City State: FL Zip: 33564

**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.):**

\_\_\_\_\_

Received  
AUG 27 2009

DO NOT WRITE IN THIS SPACE

Org Code: 42060400000 EO: A2

Object Code: 001134  
10-02791699-0001  
50.00 08/26/2009  
Dep#991262

8. Telephone Number of Respondent:  
(561) - 656 - 1020 Ext: \_\_\_\_\_

9. Complete mailing address of Respondent:  
 Street Address or P.O. Box: P. O. Box 1207  
 City: Loxahatchee, FL 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> |
|---------------------|--|-----------------------|
| 3/4/09              | INV # 14586 Strawberries                     | Balance Due 288.40    |
| 3/5/09              | INV # 14588 "                                | 21338.00              |
| 3/6/09              | INV # 14592 "                                | 16680.00              |
| 3/7/09              | INV # 14601 "                                | 7520.00               |
| 3/8/09              | INV # 14603 "                                | 26884.00              |
| 3/9/09              | INV # 14605 "                                | 27098.00              |
| 3/11/09             | INV # 14608 "                                | 27208.00              |
| 3/13/09             | INV # 14621 "                                | 26884.00              |
| 3/16/09             | INV # 14626 "                                | 22918.80              |

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13. Claim Total (Minimum Claim must equal \$500): \$ 176,819.20  
 Claim Filing Fee \$ 50.00  
 Grand Total \$ 176,869.20

FOR PRODUCER'S AGENT ONLY (Attach additional pages as necessary using same format.) See Attached for more Growers.

14. The producers of agricultural products involved in this claim are as follows:

- 1. Date of Sale: <sup>3-5-09</sup> ~~3-2-09~~ <sub>3-11-09</sub> Producer: DALE HAMILTON  
 Producer's Address: 27771 Bay Head Road, Dade City, FL 33523  
 Commodity: STRAWBERRIES Amount: \$36,970.20
- 2. Date of Sale: <sup>3/14, 3/15, 3/16</sup> ~~3/7, 3/8, 3/9~~ Producer: DIXIE FARM  
 Producer's Address: <sup>3/11, 3/13, 3/16</sup> P.O. Box 1686 PLANT CITY, FL 33564  
 Commodity: STRAWBERRIES Amount: \$91,166.60
- 3. Date of Sale: <sup>3/8</sup> ~~3/19, 3/13~~ Producer: SINGLE TARY FARMS  
 Producer's Address: P.O. Box 994 Dade City, FL 33526  
 Commodity: STRAWBERRIES Amount: \$13,310.40
- 4. Date of Sale: 3/6, 3/8, 3/9 Producer: HOWARD JOHNSON  
 Producer's Address: 3019 North View Rd S PLANT CITY, FL 33566  
 Commodity: STRAWBERRIES Amount: \$10,932.20
- 5. Date of Sale: 3/9, 3/16 Producer: TERRY FARM INC  
 Producer's Address: 235 E. TRAPNELL RD PLANT CITY, FL 33566  
 Commodity: STRAWBERRIES Amount: \$14,137.40

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 GLENN THOMASON  
(Respondent, Agent, or Employee)

Manner of Purchase:

After Inspection  By Telephone  By Telegram

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

Purchased from DIXIE GROWERS, INC  
(Claimant, Agent or Employee)

16. In support of this claim, attached hereto is the following documentary evidence:

- Invoice(s)  <sup>AUG 27 2009</sup> Receipt(s)  Manifest
- Inspection Certificate  Shipping Order  Telegram
- Other  Explain PASSING LOAD SHEET FAX REPORT ON PASSING

**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: 3/19 Producer: Steve Glavich  
Producer's Address: 10706 Singletary Rd Dade City, FL 33526  
Commodity: STRAWBERRIES Amount: \$1034.00
2. Date of Sale: 3/11 Producer: ST MARTIN M.  
Producer's Address: 1601 JOHNSON Rd PLANT CITY, FL 33566  
Commodity: STRAWBERRIES Amount: \$9268.40
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 \_\_\_\_\_  
(Respondent, Agent, or Employee)

Manner of Purchase:

After Inspection  By Telephone  By Telegram

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

Purchased from \_\_\_\_\_  
(Claimant, Agent or Employee)

AUG 27 2009

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 \_\_\_\_\_ 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 Hillsborough & 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 604.15-604.34, 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: Linda Terry Lawton

Print Name: LINDA TERRY LAWTON Title: Vice President

Before me, the undersigned, personally appeared (Owner, Partner or Officer) Linda Terry Lawton, 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.

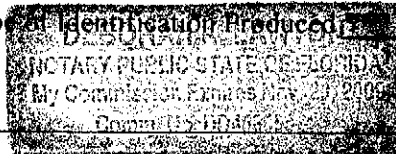
Sworn to and subscribed before me this 20<sup>th</sup> day of August, 2009.

Deborah K. Lawton  
(Print, Type or Stamp Commissioned Name & Notary Public)

Deborah K Lawton  
(Signature of Notary Public)

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

My Commission Expires 11-29-09



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.

**AUG 27 2009**