

AMENDMENT

IN RE:

J. Wilcoxon, Inc., d/b/a Sod Busters, P. O. Box 1800, Arcadia, FL 34265-1800, Claimant,

VS

Allen's Sod Service, Inc., P. O. Box 1420, Belleview, FL 34421-1420, Respondent,

Fidelity and Deposit Company of Maryland, 1400 American Lane FL 119, Schaumburg, IL 60196-5452, as Surety, Co-Respondent.

AMOUNT OF AMENDED CLAIM: \$4,275.02

AMOUNT OF CORRECTED AMENDED CLAIM: _____

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 (1) Type of Claim: Since we are filing this claim as a Licensed Agricultural Dealer, License Number 69486, we have amended this item on the attached EXHIBIT "A". We have marked through the first block and initialed the change. We have also placed a check mark in the third block. Our license number is 69486. Item (2) Legal Name of Claimant: J. Wilcoxon, Inc. Item (3) Trade Name of Claimant: Sod Busters. Item (6) Legal Name of Respondent: Allen's Sod Service, Inc. Item (7) Trade Name of Respondent: Delete, as they are not operating as a fictitious name. Item (9) Complete Mailing Address of Respondent: Box 1420, Belleview, FL 3442101420. Item (12) Transaction(s): Date of Sale, our date of sales are amended to June 24, 2009 through September 1, 2009. We consider the load date as the date of sale. Our Invoice #26170 in the amount of \$361.64 is dated August 5, 2009 and the field ticket is showing the load date as February 8, 2009. Claims must be filed with six (6) months from the date of sale/load date. We have amended the date on the attached EXHIBIT "B". We consider the load date as the date of sale. Item (15) Purchased by: Allen's Sod Service, Inc.

J. Wilcoxon, Inc., d/b/a Sod Busters

BY: John E. Wilcoxon (AKA) Jack

TITLE: PRESIDENT
(Owner or Officer of Corp.)

DEC-3 2009
Marked

Sworn to and subscribed before me this

Personally Known

25 day of November, 2009.

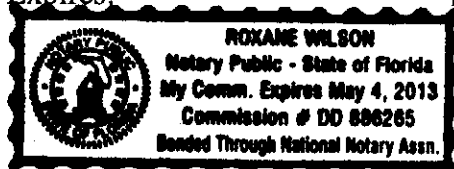
Produced Identification

Roxane Wilson
Notary Public

Type Produced

My Commission Expires:

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





AGRICULTURAL PRODUCTS DEALER CLAIM FORM

Section 604.21, Florida Statutes

CHARLES H. BRONSON COMMISSIONER

Please 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 [X] Agent [] Licensed Agricultural Products Dealer [X] License Number 69486

2. Legal name of Claimant (Producer, Agent, or Licensed Dealer): JOHN E. WILCOXEN (Individual's name, partners names, corporate name, co-op, etc.)

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

4. Telephone Number of Claimant: (863) 494-3826 Ext. _____

5. Complete mailing address of Claimant: Street Address or P.O. Box: 1800 City: ARCADIA State: FLA Zip: 34265

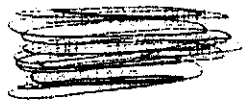
6. Legal name of Respondent (Dealer): MATHEW WEEKLEY (Individual's name, partners names, corporate name, co-op, etc.)

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

DO NOT WRITE IN THIS SPACE Org Code: 42060400000 EO: A2 Object Code: 001134

Stamp: 10-3-2009

Stamp: OCT 30 2009



J. Wilcoxon, Inc. d/b/a Sc...usters

P.O. Box 1800
Arcadia, FL 34265

Invoice

EXHIBIT "B"

Date	Invoice #
8/5/2009	26170

Bill To
ALLEN'S SOD SERVICE P.O. BOX 1420 BELLVIEW, FL. 34421

Enter the
Load Date
For Inv. # 26170
8-5-09 is load
Date JW

P.O. No.	Terms	Account #

Qty	Item	Description	Rate	Amount
6,400	Bahia Field S...	Bahia Field Sale TICKET 01508 015608	0.055	352.00T
16	Pallet Deposit	Pallet Deposit	5.00	80.00
19	Pallet Deposit	Pallet Credit	-5.00	-95.00

			Sales Tax (7.0%)	\$24.64
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Intrest at the rate of 1 1/2 % per month will be charged on unpaid amounts after 30 days of invoice. Account holder agrees to pay all collection, including attorney fees, in event it is necessary to institute suit for collection. Venue will be held in DeSoto County, Florida.

Total	\$361.64
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Phone #	Fax #
(863) 494-3826	(863) 494-1940

DEC - 3 2009

DEC 7 2009

JACK WILCOXEN

015608

"Sod Busters"

P.O. BOX 1800
ARCADIA, FLORIDA 34265

Wholesale — Retail — Landscaping
Phones: Arcadia, 494-3826 / Port Charlotte, 625-7474

TRUCK NO. _____
 DATE 02/08/09, LOAD TIME _____ A.M.
 P.M.
 CUSTOMER ALAN. Sed. ACCT. # _____
 ADDRESS ORALA FLORIDA.
 CITY _____

CASH	CHARGE	C.O.D.	EMPTY PALLETS IN	LOADED PALLETS OUT	FIELD
	✓		19	16	Blue Head

FOOTAGE	DESCRIPTION	PRICE PER FT.	AMOUNT
6:400	Bahia Field	5.5	352.00
	Pallet Credit - 5	19	-95.00
	Pallet Deposit 5	16	80.00
	TAX		24.64
	TOTAL		361.64

Job Number: _____

Job Address: _____ City _____

Remarks _____

Driver Ben
Mark number of empty pallets returned

Received By: _____ Date _____

DEC - 3 2009
N

Terms of Sale: Payment due upon receipt. Interest at the rate of 1 1/2% per month will be charged on unpaid invoice amounts after 14 days from Wed. closing date. Purchaser agrees to pay all costs of collection, including attorney fees, in the event it is necessary to institute suit for collection. Venue will be in DeSoto County, Florida.
 Customer agrees that agricultural products are living things and that if not properly cared for they will die. Customer acknowledges satisfactory condition, quantity and amount of products listed on this invoice. Agreement with the terms contained herein is the express inducement for J. Wilcoxon, Inc. to furnish the products listed on this invoice to customer.

The driver that picked up this load is foreign. He writes the dates with the day/month/year format. So 02/08/09 = August 2, 2009

Ben

DEPT. OF AGRICULTURE
PORT CHARLOTTE, FLORIDA



AGRICULTURAL PRODUCTS DEALER CLAIM FORM

Florida Department of Agriculture and Consumer Services
Post Office Box 6700
Tallahassee, Florida 32314-6700

Section 604.21, Florida Statutes

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):

John E. Wilcox
(Individual's name, partners names, corporate name, co-op, etc.)

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

Soo Buster

4. Telephone Number of Claimant:

(863) 494-3826 Ext. _____

5. Complete mailing address of Claimant:

Street Address or P.O. Box: -1800
City: ARCADIA State: FLA Zip: 34265

6. Legal name of Respondent (Dealer):

MATHEW WEEKLEY
(Individual's name, partners names, corporate name, co-op, etc.)

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

ALLEN SOO SERVICE

DO NOT WRITE IN THIS SPACE

Org Code: 42060400000 EO: A2

Object Code: 001134

OCT 30 2009

8. Telephone Number of Respondent:
(352) - 245 - 8971 Ext. NA

9. Complete mailing address of Respondent:
 Street Address or P.O. Box: Box 1420
 City: BELLVIEW State: Fla. Zip: 34421-1420

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

11. Complete mailing address of Co-Respondent:
 Street Address or P.O. Box: 1400 AMERICAN LANE FL - I 19
 City: SCHAUMBURG State: IL Zip: 60196-5452

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>
6-26-2009	6400 SF of Argentina Bahia Soap	\$ 756.64
7-09-2009	6400 SF of " Bahia Soap	\$ 776.64
7-02-2009	6000 SF of " Bahia Soap	753.10
8-05-2009	6400 SF of " Bahia Soap	361.64
8-05-2009	6400 SF of " Bahia Soap	776.64
9-08-2009	6400 SF of " Bahia Soap	800.36

13. Claim Total (Minimum Claim must equal \$500): \$ 4225.02
 Claim Filing Fee \$ 50.00
 Grand Total \$ 4275.02

[Handwritten Signature]
 OCT 30 2009

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 PICKED AT GOD FIELD
AND SOME DELIVERED SO DAY
CHARGE

Purchased by _____
(Respondent, Agent, or Employee)

Manner of Purchase:

After Inspection

By Telephone

By Telegram

Other Explain _____

Purchased from GOD BUSTERS
(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 FIELD TICKETS

OCT 30 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 _____ 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 HIGHLANDS 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: *John E. Wilcoxon*

Print Name: John E. Wilcoxon Title: President

Before me, the undersigned, personally appeared (Owner, Partner or Officer) John W. Wilcoxon, 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 23rd day of October, 2009.

 Ronda Woppma
Commission # DD568197
(Print, Type or Stamp Commissioned Name & Notary Public)
EXPIRES: JUNE 26, 2010
BONDED THRU ATLANTIC BONDING CO., INC.

Ronda Woppma
(Signature of Notary Public)

Personally Known or Produced Identification Type of Identification Produced _____

My Commission Expires 6-26-10

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.

[Signature]
OCT 30 2009