



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):

JON'S NURSERY INC  
(Individual's name, partners names, corporate name, co-op, etc.)

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

JON'S NURSERY INC

### 4. Telephone Number of Claimant:

( 352 ) - 357 - 4289 Ext. 206

### 5. Complete mailing address of Claimant:

Street Address or P.O. Box: 24546 NURSERY WAY  
City: EUSTIS State: FL Zip: 32736

### 6. Legal name of Respondent (Dealer):

Evergreen Landscaping and Maintenance, LLC  
(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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DEPT. OF AGRICULTURE  
NOV 16 PM 8:39  
FINANCE & ACCOUNTING

DO NOT WRITE IN THIS SPACE  
Org Code: 42060400000 EO: A2  
Object Code: 001134  
10-02846076-0001  
50.00 11/20/2009  
Dep#991512

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8. Telephone Number of Respondent:  
 ( 850 ) - 267 - 1717 Ext. \_\_\_\_\_

9. Complete mailing address of Respondent:  
 Street Address or P.O. Box: P. O. Box 2270  
 City: Santa Rosa Beach, State: FL Zip: 32459-2270

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

11. Complete mailing address of Co-Respondent:  
 Street Address or P.O. Box: P. O. Box 30660  
 City: Lansing, State: MI Zip: 48909-8160

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>
07/07/2009	LIVE PLANTS (INVOICE ATTACHED)	\$ 1,468.64

13. Claim Total (Minimum Claim must equal \$500): \$ 1468.64  
 Claim Filing Fee \$ 50.00  
 Grand Total \$ 1518.64

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 Division of Marketing

**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 NET 30 DAYS

**Purchased by** LORI KELLEHER  
(Respondent, Agent, or Employee)

**Manner of Purchase:**

After Inspection  By Telephone  By Telegram

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

**Purchased from** RICK SHOOK, DIR. OF SALES  
(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 10 DAY LETTER, RETURNED UNCLAIMED LETTER FROM "SECOND WIND CONSULTANT"

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 LAKE 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: Rita Rackley

Print Name: RITA RACKLEY Title: SEC/TREAS

Before me, the undersigned, personally appeared (Owner, Partner or Officer) RITA RACKLEY, 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 11<sup>th</sup> day of November, 2009.



(Print, Type or Stamp Commission and Notary Public)

Christine A. Bailes  
(Signature of Notary Public)

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

My Commission Expires Sept 20, 2011

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.

Received  
License & Bond  
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