

**FILED**

DEC 30 2011

**003521**

Chief Financial Officer  
Docketed by: BAB



REPRESENTING  
CHIEF FINANCIAL OFFICER  
**JEFF ATWATER**  
STATE OF FLORIDA

**FILED**

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DIVISION OF  
ADMINISTRATIVE  
HEARINGS

IN THE MATTER OF:

Case No.: 11-083-1A-WC

TRACY B. HINOTE d/b/a T.H. PLASTERING

11-5327

**FINAL ORDER**

THIS PROCEEDING came on for final agency action and Jeff Atwater, Chief Financial Officer of the State of Florida, or his designee, having considered the record in this case, including the Stop-Work Order and Order of Penalty Assessment, the Amended Orders of Penalty Assessment, the Request for Administrative Hearing, the withdrawal of Petition, and the Order Relinquishing Jurisdiction and Closing File, and being otherwise fully advised in the premises, hereby finds that:

1. On March 14, 2011, the Department of Financial Services, Division of Workers' Compensation (hereinafter "Department") issued a Stop-Work Order and Order of Penalty Assessment in Division of Workers' Compensation Case No. 11-083-1A to TRACY B. HINOTE, D/B/A T.H. PLASTERING.

2. On March 14, 2011, the Stop-Work Order and Order of Penalty Assessment was personally served on TRACY B. HINOTE, D/B/A T.H. PLASTERING. A copy of the Stop-Work Order and Order of Penalty Assessment is attached hereto as "Exhibit A" and incorporated herein by reference.

3. On March 28, 2011, the Department issued an Amended Order of Penalty Assessment in Division of Workers' Compensation Case No. 11-083-1A to TRACY B. HINOTE, D/B/A T.H. PLASTERING. The Amended Order of Penalty Assessment assessed a total penalty of \$7,590.78 against TRACY B. HINOTE, D/B/A T.H. PLASTERING.

4. On April 6, 2011, the Amended Order of Penalty Assessment was personally served on TRACY B. HINOTE, D/B/A T.H. PLASTERING. A copy of the Amended Order of Penalty Assessment is attached hereto as "Exhibit B" and incorporated herein by reference.

5. On April 28, 2011, the Department issued a 2<sup>nd</sup> Amended Order of Penalty Assessment in Division of Workers' Compensation Case No. 11-083-1A to TRACY B. HINOTE, D/B/A T.H. PLASTERING. The 2<sup>nd</sup> Amended Order of Penalty Assessment assessed a total penalty of \$6,050.69 against TRACY B. HINOTE, D/B/A T.H. PLASTERING.

6. On May 3, 2011, the 2<sup>nd</sup> Amended Order of Penalty Assessment was personally served on TRACY B. HINOTE, D/B/A T.H. PLASTERING. A copy of the 2<sup>nd</sup> Amended Order of Penalty Assessment is attached hereto as "Exhibit C" and incorporated herein by reference.

7. On April 25, 2011, the Division received from TRACY B. HINOTE, D/B/A T.H. PLASTERING a request for an administrative hearing. The request for administrative hearing is attached hereto as "Exhibit D" and incorporated herein by reference.

8. On June 28, 2011, the Department issued a 3<sup>rd</sup> Amended Order of Penalty Assessment in Division of Workers' Compensation Case No. 11-083-1A to TRACY B. HINOTE, D/B/A T.H. PLASTERING. The 3<sup>rd</sup> Amended Order of Penalty Assessment assessed a total penalty of \$2,618.57 against TRACY B. HINOTE, D/B/A T.H. PLASTERING.

9. On June 29, 2011, the 3<sup>rd</sup> Amended Order of Penalty Assessment was served by overnight mail delivery on TRACY B. HINOTE, D/B/A T.H. PLASTERING. A copy of the 3<sup>rd</sup>

Amended Order of Penalty Assessment is attached hereto as "Exhibit E" and incorporated herein by reference.

10. On October 17, 2011, the Petition was forwarded to the Division of Administrative Hearings and assigned DOAH Case No. 11-5327.

11. On November 23, 2011, the Division received from TRACY B. HINOTE, D/B/A T.H. PLASTERING a withdrawal of the request for administrative hearing. The withdrawal of request for administrative hearing is attached hereto as "Exhibit F" and incorporated herein by reference.

12. On December 8, 2011, an Order Relinquishing Jurisdiction and Closing File was entered in Division of Administrative Hearings Case. No. 11-5327. A copy of the Order Relinquishing Jurisdiction and Closing File is attached hereto as "Exhibit G" and incorporated herein by reference.

#### **FINDINGS OF FACT**

The factual allegations contained in the Stop-Work Order and Order of Penalty Assessment, the Amended Order of Penalty Assessment, the 2<sup>nd</sup> Amended Order of Penalty Assessment, and the 3<sup>rd</sup> Amended Order of Penalty Assessment, which are fully incorporated herein by reference, are hereby adopted as the Department's Findings of Fact in this case.

#### **CONCLUSIONS OF LAW**

Based upon the Findings of Fact adopted herein, the Department concludes that TRACY B. HINOTE, D/B/A T.H. PLASTERING violated the specific statutes and rules alleged in the Stop-Work Order and Order of Penalty Assessment, the Amended Order of Penalty Assessment, the 2<sup>nd</sup> Amended Order of Penalty Assessment, and the 3<sup>rd</sup> Amended Order of Penalty Assessment and hereby adopts the violation(s) charged in the Stop-Work Order and Order of

Penalty Assessment, the Amended Order of Penalty Assessment, the 2<sup>nd</sup> Amended Order of Penalty Assessment, and the 3<sup>rd</sup> Amended Order of Penalty Assessment as the Conclusions of Law in this case.

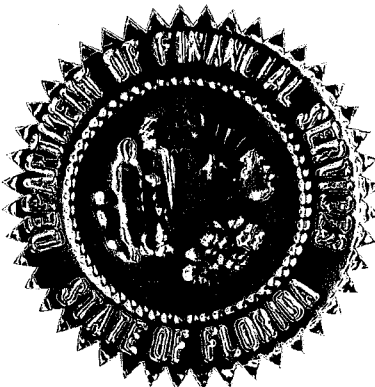
**PENALTY IMPOSED**


The Order Relinquishing Jurisdiction and Closing File, taken together with the Findings of Fact and Conclusions of Law adopted herein, constitute grounds for the Chief Financial Officer to impose the penalty as set forth herein.

IT IS THEREFORE ORDERED that:

- a. TRACY B. HINOTE, D/B/A T.H. PLASTERING shall immediately pay the total penalty of \$2,618.57, in full, to the Department of Financial Services for deposit into the Workers' Compensation Administration Trust Fund; and
- b. TRACY B. HINOTE, D/B/A T.H. PLASTERING shall immediately cease all business operations in the State of Florida until such time as the Department issues an order releasing the Stop-Work Order and 3<sup>rd</sup> Amended Order of Penalty Assessment. The Department shall not issue an Order releasing the Stop-Work Order and 3<sup>rd</sup> Amended Order of Penalty Assessment until TRACY B. HINOTE, D/B/A T.H. PLASTERING has come into compliance with the coverage requirements of Chapter 440, Florida Statutes and has paid a total penalty of \$2,618.57 to the Department.

**DONE AND ORDERED** on this 30<sup>th</sup> day of December, 2011.



  
\_\_\_\_\_  
E. Tanner Holloman  
Director, Workers' Compensation

**NOTICE OF RIGHTS**

Any party to these proceedings adversely affected by this Order is entitled to seek review of this Order pursuant to Section 120.68, Florida Statutes, and Florida Rule of Appellate Procedure 9.110. Review proceedings must be instituted by filing a Notice of Appeal with Julie Jones, DFS Agency Clerk, Department of Financial Services, Room 612 Larson Building, 200 East Gaines Street, Tallahassee, Florida, 32399-0390 and a copy of the Notice of Appeal, a copy of this Order and filing fee with the appropriate District Court of Appeal within thirty (30) days of rendition of this Order.

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the foregoing was furnished by U.S. Mail to Tracy B. Hinote, 2635 Finch Circle, Chipley, Florida, 32428, on this 30<sup>th</sup> day of December, 2011

Paige Shoemaker  
Paige Shoemaker  
Florida Bar No. 143022  
Assistant General Counsel  
Department of Financial Services  
Division of Legal Services  
200 E. Gaines Street  
Tallahassee, FL 32399-4229  
850 413-1606  
850 413-1978 (fax)

COPIES FURNISHED TO:

Tracy B. Hinote  
2635 Finch Circle  
Chipley, Florida, 32428

Robert Borden  
103-A Lewis Street  
Ft. Walton Beach, Florida 32547

Paige Shoemaker  
Department of Financial Services  
Division of Legal Services  
200 East Gaines Street  
Tallahassee, Florida 32399-4229

**STATE OF FLORIDA, DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION**

<b>EMPLOYER NAME:</b> TRACY B HINOTE DBA T H PLASTERING		<b>STOP-WORK ORDER No.:</b> 11-083-1A
<b>FEIN:</b> 266676014		<b>ISSUANCE DATE:</b> 3/14/2011
<b>EMPLOYER ADDRESS:</b> 1441 SOUTH BLVD		
<b>CITY:</b> CHIPLEY	<b>STATE:</b> FL	<b>ZIP:</b> 32428
<b>WORKSITE POSTING ADDRESS:</b> 1387 SOUTH BLVD		
<b>CITY:</b> CHIPLEY	<b>STATE:</b> FL	<b>ZIP:</b> 32428
<b>INDUSTRY OF EMPLOYER:</b> <input checked="" type="radio"/> Construction <input type="radio"/> Non-Construction <input type="radio"/> Agriculture		

**STOP-WORK ORDER**

Pursuant to Section 440.107, F.S., the above-referenced Employer is hereby ORDERED TO CEASE ALL BUSINESS OPERATIONS FOR ALL WORKSITES IN THE STATE based on the following violation(s):

- Failure to secure the payment of workers' compensation in violation of sections 440.10(1), 440.38(1), and 440.107(2) F. S., by:
  - failing to obtain coverage that meets the requirements of Chapter 440, F. S., and the Insurance Code;
  - materially understating or concealing payroll;
  - materially misrepresenting or concealing employee duties so as to avoid proper classification for premium calculations;
  - materially misrepresenting or concealing information pertinent to the computation and application of an experience rating modification factor.
- Failure to produce required business records within 5 business days in violation of section 440.107(7)(a), F.S.
- Failure to produce required documents within 3 business days in violation of section 440.05(11), F.S.

THIS STOP-WORK ORDER MAY BE AMENDED TO INCLUDE ADDITIONAL VIOLATIONS AND SHALL REMAIN IN EFFECT UNTIL THE DIVISION ISSUES AN ORDER RELEASING THE STOP-WORK ORDER FOR ALL WORKSITES.

CONDUCTING ANY BUSINESS OPERATIONS IN VIOLATION OF THIS STOP-WORK ORDER CONSTITUTES A FELONY OF THE THIRD DEGREE AND A PENALTY OF \$1,000.00 PER DAY FOR EACH DAY OF VIOLATION SHALL BE ASSESSED.

**ORDER OF PENALTY ASSESSMENT:**

A penalty against the Employer is hereby ORDERED in an amount:

- Equal to 1.5 times the amount the employer would have paid in premium when applying approved manual rates to the employer's payroll during periods for which it failed to secure the payment of workers' compensation required by this chapter within the preceding 3-year period, or \$1,000, whichever is greater. Section 440.107(7)(d), F.S.
- Up to \$5,000 for each employee who the Employer misclassified as an independent contractor. Sections 440.10(1)(f) and 440.107(7)(f), F. S.

**LIEN NOTICE**

Pursuant to Section 440.107(11), F.S., the Department may initiate lien proceedings to collect any penalty due that has not been paid. In addition, the Department may refer any unpaid penalty that is due to a collection agency for the initiation of proceedings to collect the unpaid penalty.

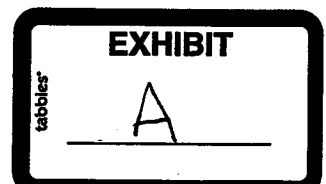
Please see the Notice of Rights on the reserve side that pertains to your rights regarding this action.

**CERTIFICATE OF SERVICE**

Pursuant to section 440.107(4), F.S., ROBERT BORDEN

served a true copy of this Stop-Work Order:

- |   |                      |                      |                            |
|---|----------------------|----------------------|----------------------------|
| <input checked="" type="checkbox"/> By posting at the Worksite: | DATE: <u>3-14-11</u> | TIME: <u>1:38 pm</u> | SERVER: <u>[Signature]</u> |
| <input checked="" type="checkbox"/> By hand delivery:           | DATE: <u>3-14-11</u> | TIME: <u>1:55 pm</u> | SERVER: <u>[Signature]</u> |
| <input type="checkbox"/> By certified mail:                     | DATE: _____          | TIME: _____          | ARTICLE: _____             |



**NOTICE OF RIGHTS**

You have a right to administrative review of this action by the Department under sections 120.569 and 120.57, Florida Statutes.

To obtain review, you must file a written petition requesting review. If you dispute a material fact contained in this action, you are entitled to a hearing under Sections 120.569 and 120.57(1), Florida Statutes, at which you may be represented by counsel, present evidence and argument on the issue(s), examine witnesses, submit a proposed recommended order, and file exceptions to the recommended order of the Administrative Law Judge. If you do not dispute a material fact contained in this action, you are entitled to a hearing under section 120.57(2), Florida Statutes, at which you may be represented by counsel, present documentary evidence, and present a written statement in opposition to this action.

A petition for a hearing under sections 120.569 and 120.57, Florida Statutes, must conform to Rule 28-106.2015, Florida Administrative Code. The petition shall contain a) the name, address, and telephone number, and facsimile number (if any) of the petitioner; b) the name, address, and telephone number, and facsimile number of the attorney or qualified representative of the petitioner (if any) upon whom service of pleadings and other papers shall be made; c) a statement requesting an administrative hearing identifying those material facts that are in dispute. If there are none, the petition must so indicate; d) a statement of when the petitioner received notice of the agency action; and e) a statement including the file number to the agency action.

You must file the petition for hearing so that it is received by the Department within twenty-one (21) days of your receipt of this agency action. The petition must be filed with Julie Jones, DFS Agency Clerk, Department of Financial Services, 612 Larson Building, 200 East Gaines Street, Tallahassee, Florida 32399-0390. **FAILURE TO FILE A PETITION WITHIN THE TWENTY-ONE (21) DAYS CONSTITUTES A WAIVER OF YOUR RIGHT TO ADMINISTRATIVE REVIEW OF THE AGENCY ACTION.**

Mediation under section 120.573, Florida Statutes, is not available.

**ISSUING AGENCY NAME AND ADDRESS**

Division of Workers' Compensation, Bureau of Compliance: 103- A Lewis St. Fort Walton Beach, Florida 32547

Attn: Robert Borden, Telephone: 850 833 9048



**STATE OF FLORIDA, DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION**

<b>EMPLOYER NAME:</b> TRACY B HINOTE DBA T H PLASTERING	<b>STOP-WORK ORDER No.:</b> 11-083-1A
<b>FEIN:</b> 266676014	<b>ISSUANCE DATE:</b> 03/28/2011
<b>EMPLOYER ADDRESS:</b> 1441 SOUTH BLVD	
<b>CITY:</b> CHIPLEY	<b>STATE:</b> FL <b>ZIP:</b> 32428

**AMENDED ORDER OF PENALTY ASSESSMENT**

The Division of Workers' Compensation issued a Stop-Work Order in this case on 03/14/2011. The Stop-Work Order included an Order of Penalty Assessment that identified the penalties assessable under sections 440.10 and 440.107, F.S. The Division hereby amends the Order of Penalty Assessment based on the following penalties:

- Failure to secure the payment of workers' compensation within the meaning of section 440.107(2), F.S., by:
  - failing to obtain coverage that meets the requirements of Chapter 440, F. S., and the Insurance Code;
  - materially understating or concealing payroll;
  - materially misrepresenting or concealing employee duties so as to avoid proper classification for premium calculations;
  - materially misrepresenting or concealing information pertinent to the computation and application of an experience rating modification factor.

For such violation(s) the Employer is assessed a penalty of \$7,590.78 (section 440.107(7)(d), F.S.) as detailed in the attached PENALTY WORKSHEET, which is incorporated herein by reference;

- Conducting business operations in violation of the Stop-Work Order as detailed in the attached PENALTY WORKSHEET, which is incorporated herein by reference, for which the Employer is assessed a penalty of \$.00 (section 440.107(7)(c), F.S.);
- Misrepresenting the status of the employee(s) as an independent contractor(s), as detailed on the attached PENALTY WORKSHEET, which is incorporated herein by reference, for which the Employer is assessed a penalty of \$.00 (section 440.10(1)(f), F.S.).

It is hereby **ORDERED** that the Employer is assessed a TOTAL PENALTY of \$7,590.78.

The penalties assessed herein supersede any penalties previously assessed in this case. The Employer shall pay the TOTAL PENALTY by money order or cashier's check, made payable to the DFS-Workers' Compensation Administration Trust Fund.

The Stop-Work Order issued in this case shall remain in effect until either (a) The Division issues an order releasing the Stop-Work Order upon finding that the employer has come into compliance with the coverage requirements of the workers' compensation law and pays the total penalty in full, or (b) The Division issues an Order of Conditional Release From Stop-Work Order pursuant to the employer coming into compliance with the coverage requirements of the workers' compensation law and entering into a Payment Agreement Schedule For Periodic Payment of Penalty.

Pursuant to Rule 69L-6.028, Florida Administrative Code, if the Division imputes the employer's payroll, the employer shall have twenty business days after service of the order assessing the penalty to provide business records sufficient for the Division to determine the employer's payroll for the period requested in the business records request for the calculation of the penalty. If sufficient business records are not provided within twenty business days after service of the order assessing the penalty, the calculation of the penalty imputing the employer's payroll will remain in effect.

**LIEN NOTICE**

Pursuant to Section 440.107(11), F.S., the Department may initiate lien proceedings to collect any penalty due that has not been paid. In addition, the Department may refer any unpaid penalty that is due to a collection agency for the initiation of proceedings to collect the unpaid penalty.

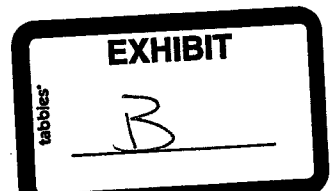
Please see the Notice of Rights on the reserve side that pertains to your rights regarding this action.

**CERTIFICATE OF SERVICE**

Pursuant to section 440.107(4), F.S., ROBERT BORDEN

served a true copy of this Amended Order of Penalty Assessment:

By hand delivery:      DATE: 4-6-11      TIME: 12:40 pm      SERVER: [Signature]  
 By certified mail:      DATE: \_\_\_\_\_      TIME: \_\_\_\_\_      ARTICLE: \_\_\_\_\_



## NOTICE OF RIGHTS

You have a right to administrative review of this action by the Department under sections 120.569 and 120.57, Florida Statutes.

To obtain review, you must file a written petition requesting review. If you dispute a material fact contained in this action, you are entitled to a hearing under Sections 120.569 and 120.57(1), Florida Statutes, at which you may be represented by counsel, present evidence and argument on the issue(s), examine witnesses, submit a proposed recommended order, and file exceptions to the recommended order of the Administrative Law Judge. If you do not dispute a material fact contained in this action, you are entitled to a hearing under section 120.57(2), Florida Statutes, at which you may be represented by counsel, present documentary evidence, and present a written statement in opposition to this action.

A petition for a hearing under sections 120.569 and 120.57, Florida Statutes, must conform to Rule 28-106.2015, Florida Administrative Code. The petition shall contain a) the name, address, and telephone number, and facsimile number (if any) of the petitioner; b) the name, address, and telephone number, and facsimile number of the attorney or qualified representative of the petitioner (if any) upon whom service of pleadings and other papers shall be made; c) a statement requesting an administrative hearing identifying those material facts that are in dispute. If there are none, the petition must so indicate; d) a statement of when the petitioner received notice of the agency action; and e) a statement including the file number to the agency action.

You must file the petition for hearing so that it is received by the Department within twenty-one (21) days of your receipt of this agency action. The petition must be filed with Julie Jones, DFS Agency Clerk, Department of Financial Services, 612 Larson Building, 200 East Gaines Street, Tallahassee, Florida 32399-0390. **FAILURE TO FILE A PETITION WITHIN THE TWENTY-ONE (21) DAYS CONSTITUTES A WAIVER OF YOUR RIGHT TO ADMINISTRATIVE REVIEW OF THE AGENCY ACTION.**

Mediation under section 120.573, Florida Statutes, is not available.

### ISSUING AGENCY NAME AND ADDRESS

Division of Workers' Compensation, Bureau of Compliance: 103- A Lewis St. Fort Walton Beach, Florida 32547

Attn: Robert Borden, Telephone: 850 833 9048

**State of Florida, Department of Financial Services**  
**Division of Workers' Compensation, Bureau of Compliance**  
**Penalty Worksheet**

BUSINESS NAME: TRACY B HINOTE DBA T H PLASTERING

DWC Case No. 11-083-1A

**Part 1. Penalty for failure to obtain coverage that meets the requirements of Chapter 440, F.S. and the Insurance Code.**

Employee Name	Calculation Methodology	(a) Class Code	(b) Period of Non-Compliance		(c) Gross Payroll *	(d) Column (c) /100	(e) Approved Manual Rate	(f) Premium (d) x (e)	(g) Penalty** (f) x 1.5
TRACY HINOTE	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records	5445	03/16/2008	12/31/2008	4,825.81	48.26	9.98	481.62	722.43
TRACY HINOTE	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records	5445	01/01/2009	03/31/2009	712.50	7.13	7.44	53.01	79.52
TRACY HINOTE	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records	5445	04/01/2009	06/30/2009	712.50	7.13	7.91	56.36	84.54
TRACY HINOTE	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records	5445	07/01/2009	12/31/2009	1,425.00	14.25	7.44	106.02	159.03
TRACY HINOTE	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records	5445	06/21/2010	06/23/2010	1,850.00	18.50	7.10	131.35	197.03
TRACY HINOTE	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records	5445	08/03/2010	11/15/2010	11,500.00	115.00	6.80	782.00	1,173.00
UNKNOWN PAYEE	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records	5445	10/04/2010	12/31/2010	19,755.32	197.55	6.80	1,343.36	2,015.04
TRACY HINOTE	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records	5445	01/03/2011	02/28/2011	3,300.00	33.00	6.77	223.41	335.12
UNKNOWN PAYEE	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records	5445	01/01/2011	02/28/2011	11,053.68	110.54	6.77	748.33	1,122.50

\* If the employer has failed to provide business records sufficient to enable the Department to determine the employer's payroll, payroll shall be imputed to be the statewide average weekly wage as defined in s.440.12(2) F.S. multiplied by 1.5, (440.107(7)(e)).

\*\* Premium multiplied by statutory factor of 1.5

\*\*\* Greater of penalty under column (g) or \$1000. s440.107(d)(1)

**State of Florida, Department of Financial Services  
Division of Workers' Compensation, Bureau of Compliance  
Penalty Worksheet**

**BUSINESS NAME: TRACY B HINOTE DBA T H PLASTERING**

**DWC Case No. 11-083-1A**

**Part 1. Penalty for failure to obtain coverage that meets the requirements of Chapter 440, F.S. and the Insurance Code.**

Employee Name	Calculation Methodology	(a) Class Code	(b) Period of Non-Compliance		(c) Gross Payroll *	(d) Column (c) /100	(e) Approved Manual Rate	(f) Premium (d) x (e)	(g) Penalty** (f) x 1.5
TRACY HINOTE	<input checked="" type="radio"/> Imputed <input type="radio"/> AWW <input type="radio"/> Records	5445	01/01/2010	02/11/2010	7,038.18	70.38	7.10	499.71	749.57
TRACY HINOTE	<input checked="" type="radio"/> Imputed <input type="radio"/> AWW <input type="radio"/> Records	5445	03/01/2011	03/14/2011	2,346.06	23.46	6.77	158.83	238.25
JEFF MILLER	<input checked="" type="radio"/> Imputed <input type="radio"/> AWW <input type="radio"/> Records	5445	03/01/2011	03/14/2011	2,346.06	23.46	6.77	158.83	238.25
JACOB ROGERS	<input checked="" type="radio"/> Imputed <input type="radio"/> AWW <input type="radio"/> Records	5445	03/01/2011	03/14/2011	2,346.06	23.46	6.77	158.83	238.25
JEFF NELSON	<input checked="" type="radio"/> Imputed <input type="radio"/> AWW <input type="radio"/> Records	5445	03/01/2011	03/14/2011	2,346.06	23.46	6.77	158.83	238.25
<b>Part 1 Penalty Sub-Totals: ***</b>					<b>71,557.23</b>			<b>5,060.49</b>	<b>7,590.78</b>

\* If the employer has failed to provide business records sufficient to enable the Department to determine the employer's payroll, payroll shall be imputed to be the statewide average weekly wage as defined in s.440.12(2) F.S. multiplied by 1.5, (440.107(7)(e)).

\*\* Premium multiplied by statutory factor of 1.5

\*\*\* Greater of penalty under column (g) or \$1000. s440.107(d)(1)

**TOTAL PENALTY for Parts 1, 2, 3, 4, 5: \$7,590.78**

**STATE OF FLORIDA, DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION**

<b>EMPLOYER NAME:</b> TRACY B HINOTE DBA T H PLASTERING	<b>STOP-WORK ORDER No.:</b> 11-083-1A
<b>FEIN:</b> 266676014	<b>ISSUANCE DATE:</b> 04/28/2011
<b>EMPLOYER ADDRESS:</b> 1441 SOUTH BLVD	
<b>CITY:</b> CHIPLEY	<b>STATE:</b> FL <b>ZIP:</b> 32428

## 2nd AMENDED ORDER OF PENALTY ASSESSMENT

The Division of Workers' Compensation issued a Stop-Work Order against the above-referenced Employer on 03/14/2011. The Stop-Work Order included an Order of Penalty Assessment that identified the penalties assessable under sections 440.10 and 440.107, F.S.

Based upon additional records provided, the Division hereby amends the Amended Order of Penalty Assessment issued on 03/28/2011 and assesses the penalty(s) as specified in the Penalty Worksheet, which is attached hereto and made a part hereof.

**It is ORDERED that the Employer is hereby assessed a TOTAL PENALTY of \$6,050.69.**

The penalty(s) assessed herein supersedes any penalty(s) previously assessed in this case. The Employer shall pay the TOTAL PENALTY by money order or cashier's check, made payable to the DFS-Workers' Compensation Administration Trust Fund, or enter into a Payment Agreement Schedule for Periodic Payment of Penalty with the Division of Workers' Compensation.

If the total penalty assessed in the 2nd Amended Order of Penalty Assessment is less than the total penalty assessed in the Amended Order of Penalty Assessment issued on 03/28/2011, the Division will mail a refund in the amount of the difference to the Employer.

Pursuant to Rule 69L-6.028, Florida Administrative Code, if the Division imputes the employer's payroll, the employer shall have twenty business days after service of the order assessing the penalty to provide business records sufficient for the Division to determine the employer's payroll for the period requested in the business records request for the calculation of the penalty. If sufficient business records are not provided within twenty business days after service of the order assessing the penalty, the calculation of the penalty imputing the employer's payroll will remain in effect.

### LIEN NOTICE

Pursuant to Section 440.107(11), F.S., the Department may initiate lien proceedings to collect any penalty due that has not been paid. In addition, the Department may refer any unpaid penalty that is due to a collection agency for the initiation of proceedings to collect the unpaid penalty.

Please see the Notice of Rights on the reserve side that pertains to your rights regarding this action.

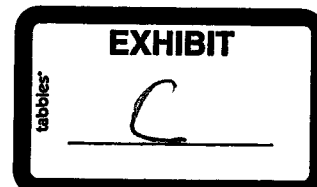
### CERTIFICATE OF SERVICE

Pursuant to section 440.107(4), F.S., ROBERT BORDEN

served a true copy of this 2nd Amended Order of Penalty Assessment:

<input checked="" type="checkbox"/> By hand delivery:	DATE: <u>5-3-11</u>	TIME: <u>9:40 AM</u>	SERVER: <u>Borden</u>
<input type="checkbox"/> By certified mail:	DATE: _____	TIME: _____	ARTICLE: _____

October 2009



**NOTICE OF RIGHTS**

You have a right to administrative review of this action by the Department under sections 120.569 and 120.57, Florida Statutes.

To obtain review, you must file a written petition requesting review. If you dispute a material fact contained in this action, you are entitled to a hearing under Sections 120.569 and 120.57(1), Florida Statutes, at which you may be represented by counsel, present evidence and argument on the issue(s), examine witnesses, submit a proposed recommended order, and file exceptions to the recommended order of the Administrative Law Judge. If you do not dispute a material fact contained in this action, you are entitled to a hearing under section 120.57(2), Florida Statutes, at which you may be represented by counsel, present documentary evidence, and present a written statement in opposition to this action.

A petition for a hearing under sections 120.569 and 120.57, Florida Statutes, must conform to Rule 28-106.2015, Florida Administrative Code. The petition shall contain a) the name, address, and telephone number, and facsimile number (if any) of the petitioner; b) the name, address, and telephone number, and facsimile number of the attorney or qualified representative of the petitioner (if any) upon whom service of pleadings and other papers shall be made; c) a statement requesting an administrative hearing identifying those material facts that are in dispute. If there are none, the petition must so indicate; d) a statement of when the petitioner received notice of the agency action; and e) a statement including the file number to the agency action.

You must file the petition for hearing so that it is received by the Department within twenty-one (21) days of your receipt of this agency action. The petition must be filed with Julie Jones, DFS Agency Clerk, Department of Financial Services, 612 Larson Building, 200 East Gaines Street, Tallahassee, Florida 32399-0390. **FAILURE TO FILE A PETITION WITHIN THE TWENTY-ONE (21) DAYS CONSTITUTES A WAIVER OF YOUR RIGHT TO ADMINISTRATIVE REVIEW OF THE AGENCY ACTION.**

Mediation under section 120.573, Florida Statutes, is not available.

**ISSUING AGENCY NAME AND ADDRESS**

Division of Workers' Compensation, Bureau of Compliance: 103- A Lewis St. Fort Walton Beach, Florida 32547

Attn: Robert Borden, Telephone: 850 833 9048

**State of Florida, Department of Financial Services  
Division of Workers' Compensation, Bureau of Compliance  
2nd Amended Order Of Penalty Assessment**

BUSINESS NAME: TRACY B HINOTE DBA T H PLASTERING

**DWC Case No. 11-083-1A  
TOTAL PENALTY: \$6,050.69**

**Part 1. Penalty for failure to obtain coverage that meets the requirements of Chapter 440, F.S. and the Insurance Code.**

Employee Name	Calculation Methodology	(a) Class Code	(b) Period of Non-Compliance		(c) Gross Payroll *	(d) Column (c) /100	(e) Approved Manual Rate	(f) Premium (d) x (e)	(g) Penalty** (f) x 1.5
TRACY HINOTE	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records	5445	03/16/2008	12/31/2008	4,825.81	48.26	9.98	481.62	722.43
TRACY HINOTE	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records	5445	01/01/2009	03/31/2009	712.50	7.13	7.44	53.01	79.52
TRACY HINOTE	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records	5445	04/01/2009	06/30/2009	712.50	7.13	7.91	56.36	84.54
TRACY HINOTE	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records	5445	07/01/2009	12/31/2009	1,425.00	14.25	7.44	106.02	159.03
TRACY HINOTE	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records	5445	06/21/2010	06/23/2010	1,850.00	18.50	7.10	131.35	197.03
TRACY HINOTE	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records	5445	08/03/2010	11/15/2010	11,500.00	115.00	6.80	782.00	1,173.00
UNKNOWN PAYEE	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records	5445	10/04/2010	12/31/2010	19,755.32	197.55	6.80	1,343.36	2,015.04
TRACY HINOTE	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records	5445	01/03/2011	02/28/2011	3,300.00	33.00	6.77	223.41	335.12
UNKNOWN PAYEE	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records	5445	01/01/2011	02/28/2011	11,053.68	110.54	6.77	748.33	1,122.50

\* If the employer has failed to provide business records sufficient to enable the Department to determine the employer's payroll, payroll shall be imputed to be the statewide average weekly wage as defined in s.440.12(2) F.S. multiplied by 1.5, (440.107(7)(e)).

\*\* Premium multiplied by statutory factor of 1.5

\*\*\* Greater of penalty under column (g) or \$1000. s440.107(d)(1)

**State of Florida, Department of Financial Services  
Division of Workers' Compensation, Bureau of Compliance  
2nd Amended Order Of Penalty Assessment**

BUSINESS NAME: TRACY B HINOTE DBA T H PLASTERING

DWC Case No. 11-083-1A

**TOTAL PENALTY: \$6,050.69**

**Part 1. Penalty for failure to obtain coverage that meets the requirements of Chapter 440, F.S. and the Insurance Code.**

Employee Name	Calculation Methodology	(a) Class Code	(b) Period of Non-Compliance		(c) Gross Payroll *	(d) Column (c) /100	(e) Approved Manual Rate	(f) Premium (d) x (e)	(g) Penalty** (f) x 1.5
TRACY HINOTE	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records	5445	03/01/2011	03/14/2011	400.00	4.00	6.77	27.08	40.62
JEFF MILLER	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records	5445	03/01/2011	03/14/2011	400.00	4.00	6.77	27.08	40.62
JACOB ROGERS	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records	5445	03/01/2011	03/14/2011	400.00	4.00	6.77	27.08	40.62
JEFF NELSON	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records	5445	03/01/2011	03/14/2011	400.00	4.00	6.77	27.08	40.62
<b>Part 1 Penalty Sub-Totals: ***</b>					<b>56,734.81</b>			<b>4,033.78</b>	<b>6,050.69</b>

\* If the employer has failed to provide business records sufficient to enable the Department to determine the employer's payroll, payroll shall be imputed to be the statewide average weekly wage as defined in s.440.12(2) F.S. multiplied by 1.5, (440.107(7)(e)).

\*\* Premium multiplied by statutory factor of 1.5

\*\*\* Greater of penalty under column (g) or \$1000. s440.107(d)(1)

**TOTAL PENALTY for Parts 1, 2, 3, 4, 5: \$6,050.69**



April 24, 2011

11 APR 25 PM 3:10

DFS Agency Clerk  
Julie Jones, CP, FRP  
Florida Department of Financial Services  
200 E. Gaines Street  
Tallahassee, FL 32399-0390

FLORIDA DEPARTMENT OF FINANCIAL SERVICES  
CORPORATE COMPLIANCE DIVISION

In Re: DWC Case No. 11-083-1A

Dear Ms. Jones:

Please allow this correspondence to serve as my written request for an Administrative Hearing pursuant to Sections 120.569 and 120.57(1), Florida Statutes. Upon receiving the Amended Order of Penalty Assessment and the Penalty Worksheet (on April 6, 2011, at 12:40 P.M.) and reviewing it, I found several claims presented that were incorrect. Portions of the records that were presented to Mr. Robert Borden were apparently misinterpreted and others appeared to be incomplete. The facts from the Penalty Worksheet that I am disputing in this case are as follows:

1) **CLAIM:** It is stated that during the time periods of 3/16/2008-6/30/2009 I made \$6,250.81 in labor (broken down in the amounts of \$4,825.81, \$712.50, \$712.50).

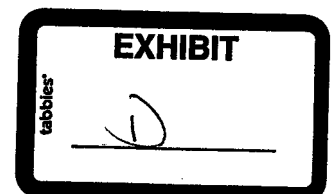
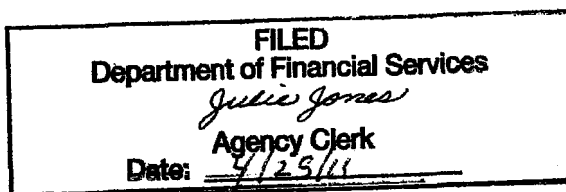
During the above-stated time period, I earned income from a manufacturing business which did not require that I carry Workman's Compensation on myself.

2) **CLAIM:** During the time period of 6/21/2010-2/28/2011, there is \$16,650 (broken down in the amounts of \$1,850, \$11,500 and \$3,300) that is stated that I earned in labor from construction.

During the above-stated time period, withdrawals from my personal account totaling \$16,650 were, in fact, savings that were used as start-up funding for my restaurant. These monies were obtained through a loan and revenue from the restaurant.

3) **CLAIM:** During the time period of 10/04/2010-2/28/2011, \$30,809 (broken down into the amounts of \$19,755.32 and \$11,053.68) it is stated that I earned this amount in labor.

These were clearly deposits made into our restaurant account by customers through credit card transactions. The documents showing that the deposits made during this time were previously presented to Mr. Robert Borden.



4) **CLAIM**: During the time period of 01/01/2010-03/14/2011, it is stated that I earned \$9,384.24 in labor.

These facts are classified as "imputed" on the Penalty Worksheet (Page 2) and I am unsure as to where these figures actually came from. My income during that time to the present is through revenue from my restaurant only.

5) **CLAIM**: It is stated that during the time period of 03/01/2011-03/14/2011, I paid \$7,038.18 in labor costs to Jeff Miller, Jacob Rogers and Jeff Nelson, each receiving \$2,2346.06.

I have presented signed and notarized affidavits to Mr. Robert Borden stating that this labor cost was actually the responsibility of Jacob Rogers as these gentlemen were employed by him.

I request the opportunity to present all of the facts and information at an administrative hearing. Please do not hesitate to contact me if you have questions or need further information.

Sincerely,

Tracy B. Hinote  
1441 S. Boulevard  
Chipley, FL 32428  
Cell Phone: 850/260-4504  
Business Phone: 850/638-3500  
No Fax

STATE OF FLORIDA, DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION

EMPLOYER NAME: TRACY B HINOTE DBA T H PLASTERING	STOP-WORK ORDER No.: 11-083-1A
FEIN: ██████████	ISSUANCE DATE: 06/28/2011
EMPLOYER ADDRESS: 1441 SOUTH BLVD	
CITY: CHIPLEY	STATE: FL ZIP: 32428

### 3rd AMENDED ORDER OF PENALTY ASSESSMENT

The Division of Workers' Compensation issued a Stop-Work Order against the above-referenced Employer on 03/14/2011. The Stop-Work Order included an Order of Penalty Assessment that identified the penalties assessable under sections 440.10 and 440.107, F.S.

Based upon Additional information provided, the Division hereby amends the Amended Order of Penalty Assessment issued on 03/28/2011 and assesses the penalty(s) as specified in the Penalty Worksheet, which is attached hereto and made a part hereof.

It is ORDERED that the Employer is hereby assessed a TOTAL PENALTY of \$2,618.57.

The penalty(s) assessed herein supersedes any penalty(s) previously assessed in this case. The Employer shall pay the TOTAL PENALTY by money order or cashier's check, made payable to the DFS-Workers' Compensation Administration Trust Fund, or enter into a Payment Agreement Schedule for Periodic Payment of Penalty with the Division of Workers' Compensation.

If the total penalty assessed in the 3rd Amended Order of Penalty Assessment is less than the total penalty assessed in the Amended Order of Penalty Assessment issued on 03/28/2011, the Division will mail a refund in the amount of the difference to the Employer.

Pursuant to Rule 69L-6.028, Florida Administrative Code, if the Division imputes the employer's payroll, the employer shall have twenty business days after service of the order assessing the penalty to provide business records sufficient for the Division to determine the employer's payroll for the period requested in the business records request for the calculation of the penalty. If sufficient business records are not provided within twenty business days after service of the order assessing the penalty, the calculation of the penalty imputing the employer's payroll will remain in effect.

### LIEN NOTICE

Pursuant to Section 440.107(11), F.S., the Department may initiate lien proceedings to collect any penalty due that has not been paid. In addition, the Department may refer any unpaid penalty that is due to a collection agency for the initiation of proceedings to collect the unpaid penalty.

Please see the Notice of Rights on the reverse side that pertains to your rights regarding this action.

### CERTIFICATE OF SERVICE

Pursuant to section 440.107(4), F.S., ROBERT BORDEN

served a true copy of this 3rd Amended Order of Penalty Assessment:

<input type="checkbox"/> By hand delivery:	DATE: _____	TIME: _____	SERVER: _____
<input type="checkbox"/> By certified mail:	DATE: _____	TIME: _____	ARTICLE: _____

October 2009



## NOTICE OF RIGHTS

You have a right to administrative review of this action by the Department under sections 120.569 and 120.57, Florida Statutes.

To obtain review, you must file a written petition requesting review. If you dispute a material fact contained in this action, you are entitled to a hearing under Sections 120.569 and 120.57(1), Florida Statutes, at which you may be represented by counsel, present evidence and argument on the issue(s), examine witnesses, submit a proposed recommended order, and file exceptions to the recommended order of the Administrative Law Judge. If you do not dispute a material fact contained in this action, you are entitled to a hearing under section 120.57(2), Florida Statutes, at which you may be represented by counsel, present documentary evidence, and present a written statement in opposition to this action.

A petition for a hearing under sections 120.569 and 120.57, Florida Statutes, must conform to Rule 28-106.2015, Florida Administrative Code. To petition for a hearing, you must send in either a completed Election of Proceedings form (attached) with any required attachments or a petition requesting a hearing, which contains: a) the name, address, and telephone number, and facsimile number (if any) of the petitioner; b) the name, address, and telephone number, and facsimile number of the attorney or qualified representative of the petitioner (if any) upon whom service of pleadings and other papers shall be made; c) a statement requesting an administrative hearing identifying those material facts that are in dispute. If there are none, the petition must so indicate; d) a statement of when the petitioner received notice of the agency action; and e) a statement including the file number to the agency action. If there are no facts in dispute, the petition must so indicate.

You must file the petition for hearing so that it is received by the Department within twenty-one (21) days of your receipt of this agency action. The petition must be filed with Julie Jones, DFS Agency Clerk, Department of Financial Services, 612 Larson Building, 200 East Gaines Street, Tallahassee, Florida 32399-0390.

**FAILURE TO FILE A PETITION WITHIN THE TWENTY-ONE (21) DAYS CONSTITUTES A WAIVER OF YOUR RIGHT TO ADMINISTRATIVE REVIEW OF THE AGENCY ACTION.**

Mediation under section 120.573, Florida Statutes, is not available.

### ISSUING AGENCY NAME AND ADDRESS

Division of Workers' Compensation, Bureau of Compliance; \_\_\_\_\_

Attn: \_\_\_\_\_, Telephone: \_\_\_\_\_

State of Florida, Department of Financial Services  
Division of Workers' Compensation, Bureau of Compliance  
Penalty Worksheet

BUSINESS NAME: TRACY B HINOTE DBA T H PLASTERING

DWC Case No. 11-083-1A

## Part 1. Penalty for failure to obtain coverage that meets the requirements of Chapter 440, F.S. and the Insurance Code.

Employee Name	Calculation Methodology	(a) Class Code	(b) Period of Non-Compliance		(c) Gross Payroll*	(d) Column (c) /100	(e) Approved Manual Rate	(f) Premium (d) x (e)	(g) Penalty** (f) x 1.5
TRACY HINOTE	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records	5445	03/16/2008	12/31/2008	2,518.81	25.19	9.98	251.38	377.07
TRACY HINOTE	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records	5445	01/01/2009	03/31/2009	712.50	7.13	7.44	53.01	79.52
TRACY HINOTE	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records	5445	04/01/2009	06/30/2009	712.50	7.13	7.91	56.36	84.54
TRACY HINOTE	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records	5445	07/01/2009	12/31/2009	1,425.00	14.25	7.44	106.02	159.03
TRACY HINOTE	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records	5445	06/21/2010	06/23/2010	1,850.00	18.50	7.10	131.35	197.03
TRACY HINOTE	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records	5445	08/03/2010	11/15/2010	11,500.00	115.00	6.80	782.00	1,173.00
TRACY HINOTE	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records	5445	01/03/2011	02/28/2011	3,400.00	34.00	6.77	230.18	345.27
TRACY HINOTE	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records	5445	03/01/2011	03/14/2011	400.00	4.00	6.77	27.08	40.62
JEFF MILLER	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records	5445	03/01/2011	03/14/2011	400.00	4.00	6.77	27.08	40.62

\* If the employer has failed to provide business records sufficient to enable the Department to determine the employer's payroll, payroll shall be imputed to be the statewide average weekly wage as defined in s.440.12(2) F.S. multiplied by 1.5, (440.107(7)(e)).

\*\* Premium multiplied by statutory factor of 1.5

\*\*\* Greater of penalty under column (g) or \$1000, s.440.107(d)(1)

**State of Florida, Department of Financial Services  
Division of Workers' Compensation, Bureau of Compliance  
Penalty Worksheet**

**BUSINESS NAME: TRACY B HINOTE DBA T H PLASTERING**

**DWC Case No. 11-083-1A**

Part 1. Penalty for failure to obtain coverage that meets the requirements of Chapter 440, F.S. and the Insurance Code:									
Employee Name	Calculation Methodology	(a) Class Code	(b) Period of Non-Compliance		(c) Gross Payroll *	(d) Column (c) /100	(e) Approved Manual Rate	(f) Premium (d) x (e)	(g) Penalty** (f) x 1.5
JACOB ROGERS	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records	5445	03/01/2011	03/14/2011	400.00	4.00	6.77	27.08	40.62
JEFF NELSON	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records	5445	03/01/2011	03/14/2011	400.00	4.00	6.77	27.08	40.62
ANTHONY PITTS	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records	5445	01/25/2011	01/25/2011	100.00	1.00	6.77	6.77	10.16
TOMMY LONG	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records	5445	01/21/2011	01/21/2011	300.00	3.00	6.77	20.31	30.47
Part 1 Penalty Sub-Totals: ***					24,118.81			1,745.70	2,618.57

\* If the employer has failed to provide business records sufficient to enable the Department to determine the employer's payroll, payroll shall be imputed to be the statewide average weekly wage as defined in s.440.12(2) F.S. multiplied by 1.5. (440.107(7)(e)).

\*\* Premium multiplied by statutory factor of 1.5

\*\*\* Greater of penalty under column (g) or \$1000. s440.107(d)(1)

**TOTAL PENALTY for Parts 1, 2, 3, 4, 5: \$2,618.57**

## Sheila Sexton

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**From:** TrackingUpdates@fedex.com  
**Sent:** Wednesday, June 29, 2011 2:16 PM  
**To:** Sheila Sexton  
**Subject:** FedEx Shipment 794919508217 Delivered

---

This tracking update has been requested by:

Company Name: FL DEPT OF FINANCIAL SERVICES  
Name: Sheila Sexton  
E-mail: [sheila.sexton@myfloridacfo.com](mailto:sheila.sexton@myfloridacfo.com)

---

Our records indicate that the following shipment has been delivered:

Reference: 43 43 30 10 000 B2  
Ship (P/U) date: Jun 28, 2011  
Delivery date: Jun 29, 2011 1:09 PM  
Sign for by: Signature not required  
Delivery location: LYNN HAVEN, FL  
Delivered to: Residence  
Service type: FedEx Standard Overnight  
Packaging type: FedEx Envelope  
Number of pieces: 1  
Weight: 0.50 lb.  
Special handling/Services: Deliver Weekday  
Residential Delivery

Tracking number: [794919508217](https://www.fedex.com/track/794919508217)

### Shipper Information

Sheila Sexton  
FL DEPT OF FINANCIAL SERVICES  
200 E Gaines St  
Tallahassee  
FL  
US  
32399

### Recipient Information

Tracy B. Hinote  
1441 SOUTH BLVD  
CHIPLEY  
FL  
US  
32428

Please do not respond to this message. This email was sent from an unattended mailbox. This report was generated at approximately 1:15 PM CDT on 06/29/2011.

To learn more about FedEx Express, please visit our website at [fedex.com](https://www.fedex.com).

All weights are estimated.

To track the latest status of your shipment, click on the tracking number above, or visit us at [fedex.com](https://www.fedex.com).

This tracking update has been sent to you by FedEx on the behalf of the Requestor noted above. FedEx does not validate the authenticity of the requestor and does not validate, guarantee or warrant the authenticity of the request, the requestor's message, or the accuracy of this tracking update. For tracking results and fedex.com's terms of use, go to [fedex.com](https://www.fedex.com).

-----Original Message-----

From: Rondia [mailto:rondiah@yahoo.com]  
Sent: Wednesday, November 23, 2011 11:55 AM  
To: Julie Jones  
Subject: Tracy Hinote

We are no longer in need of a hearing and are in agreement with the final audit and agree to pay the penalty amount of 2628.57 as stated on the penalty worksheet received on 6/28/11. Thank you, Tracy Hinote.

