EXHIBIT D

Monthly Report of Concessionaire's Total Gross Sales

(Due by the 20th of each month)

	1-5-18
Park: FORT PIERCE INVET STATE PARK Date:	
To acces Puttloor Center	-30-18
Period Covered: From	99
Gross Sales Sale Location(s): Fort Piercle Inlet State Park If there are multiple point of sale locations, please include the total sale line; and, list the name and total sales of each location on an attached	\$ \$390 s for all locations on this second sheet.
Subcontractor(s):	+ \$ re multiple
subcontractors, please include the total gloss sales to tall sabethaded s the name and total gross sales of each subcontractor on an attached s	54894
Total Taxes Collected:	- \$
Total Funds from Concessionaire Employee Food Consumption:	- \$
Total Customer Refunds: # of Refunds:	784705
Total Gross Sales	=\$ 7870
Monthly Compensation Monthly Commission (10 % rate x Total Gross Sales)	<u>\$ 784</u>
State Use Tax (% rate x Monthly Commission)	÷ \$
State Use Tax Exempt Amount (enter \$0.00 if not exempt)	- \$
Monthly Vending Machine Fee: # of Machines:	+ \$
Monthly Utility Fee(s) to Park	÷\$
Pass through fee Pavilion rentals	÷ \$
Other Payments (Identify)	+\$
Total Monthly Compensation Due:	=\$ 78420
Improvements Spending Monthly Spending	\$
Total Spending, Year to Date	<u> </u>

Profit and	Loss Statement for	JUNE 2018 (Month)				
SERVICES	GROSS SALES 8390.99	LESS COMMISSIONS 550.38	Less Cost of Goods Sold	Less Operating Expenses 5491.42	Less Taxes 548.94	Net Profit/Loss 1800.25
Comments	5					
Add a seco	ond page, as needed	d to provide an inclusi	ve list of services, in	cluding revenue from sub	contractors	
TOTALS:	8390.994	0 550.38	3 0 0	0 0 5491.42	0 548.9435	0 1800.25
	Prepared by: SAN Capacity: ACCO Date Submitted:	NDRA BEEL UNTING MANA NGER I ————————————————————————————————————	FOR FORT PIERCE OU	JTDOOR CENTER		
CERTIFICAT gross recei the Depart	ipts for the period o	monthly profit and los covered and recorded	is statement is true a in the accounting re	and correct and is based u	ipon actual i/audit by	
	Signature of Conc	essionaire:	inka Dec	Date:/	1-578	

June 2018

	Jun 18
Ordinary Income/Expense	
Income Kayak Rental Income	1,119.48
mangrove tour income	40.00
Membership income	40.00
Pavillion rental Sales	250.00
launch income	5.00
Total Sales	5.00
Summer Camp Income	1,955.00
SUP rental Income	1,400.00 109.86
surf board rental income Tandem Kayak	1,622.71
wedding income	1,300.00
Total Income	7,842.05
Expense	25.00
Automobile Expense camp supplies	25.00 43.37
Contract Labor	70.01
Tiki Labor	-100.00
tour labor	60.00
Total Contract Labor	-40.00
Dues and Memberships	30.00
Dues/Subscriptions Equipment /Lease rental	20.00 1,078.44
Fees Paid to State Park	550.38
Marketing/Website Maintenance	600.00
Office Supplies	-250.00
Payroll Expenses Admin	90.00
Marketing	1,286.25
Tiki Pay	1,060.25
Payroll Expenses - Other	621.00
Total Payroll Expenses	3,057.50
Payroll tax	17.15
FUTA Fed unemp annual Medicare tax	41.45
RT6 FL unemp	77.17
SS Tax	177.20
Total Payroll tax	312.97
Square/Xola Fees	322.08
Tours supplies	122.00 -100.00
Training Expense Utilities	80:06
Wedding Expense	190.00
Total Expense	6,041.80
Net Ordinary Income	1,800.25
Net Income	1,800.25

EXHIBIT E

Profit and Loss Statement for JULY 2018 (Month)

GROSS SALES 8170.83	COMMISSI ONS PAID 1500	of Goods Sold	Less Operating Expenses 9618.66	Less Taxes 534.54	Net Profit/Loss -3482.37
S					
			-		-
and page, as nee	eded to provid	e an inclusive li	st of services, incl	uding revenue from	subcontractors
8170.83) 1500	0 0	0 9618.66	0 534.5403	0 -3482.37
Capacity: AC	COUNTING M	ANANGER FOR	FORT PIERCE OUT	DOOR CENTER	
ipts for the peri	his monthly produced an	ofit and loss sta d recorded in th	atement is true ar	ords available for re	sed upon actual eview/audit by
	8170.83 ond page, as need 8170.83 Prepared by: Capacity: AC Date Submitte	GROSS SALES ONS PAID 8170.83 1500 ond page, as needed to provide 8170.83 0 1500 Prepared by: SANDRA BEEL Capacity: ACCOUNTING Management of the Submitted: TION: I certify this monthly pripts for the period covered and	GROSS SALES ONS PAID Sold 8170.83 1500 and page, as needed to provide an inclusive lis 8170.83 0 1500 0 0 Prepared by: SANDRA BEEL Capacity: ACCOUNTING MANANGER FOR Date Submitted: 877.18 TION: I certify this monthly profit and loss staipts for the period covered and recorded in the	GROSS SALES ONS PAID Sold Expenses 8170.83 1500 9618.66 ond page, as needed to provide an inclusive list of services, inclusive list of servi	GROSS SALES ONS PAID Sold Expenses Less Taxes 9618.66 534.54 and page, as needed to provide an inclusive list of services, including revenue from 8170.83 0 1500 0 0 9618.66 0 534.5403 Prepared by: SANDRA BEEL Capacity: ACCOUNTING MANANGER FOR FORT PIERCE OUTDOOR CENTER Date Submitted:

EXHIBIT D

Monthly Report of Concessionaire's Total Gross Sales
(Due by the 20th of each month)

	\ \
Park: FORT PIERCE INVET STATE PARK Date: 8.	-7-18
Fair. Port Micros Maria	
D. Flar CPILLET	
Period Covered: From 7-1-18 To 7-	83
Gross Sales Sale Location(s): Fort Pierce Thet State Park If there are multiple point of sale locations, please include the total sales line; and, list the name and total sales of each location on an attached so	$\frac{5}{170}$ for all locations on this
Subcontractor(s)	+ \$
Subcontractor(s): Subcontractor is defined in paragraph 11 of this Agreement. If there are subcontractors, please include the total gross sales for all subcontractor the name and total gross sales of each subcontractor on an attached se	cond sheet.
	-\$ 534 3 4
Total Taxes Collected:	- 0
Total Funds from Concessionaire Employee Food Consumption:	- \$
Total Customer Refunds: # of Refunds:	-\$ 7/7/29
Total Gross Sales	=\$ 7636
Monthly Compensation Monthly Commission (/O % rate x Total Gross Sales)	\$ 763°C
State Use Tax (% rate x Monthly Commission)	÷ \$
State Use Tax Exempt Amount (enter \$0.00 if not exempt)	- \$
Monthly Vending Machine Fee: # of Machines:	+ \$
Monthly Utility Fee(s) to Park	÷ \$
Pass through fee Pavilion rentals	+\$
Other Payments (Identify)	+\$
Total Monthly Compensation Due:	=\$_/63
Improvements Spending Monthly Spending	\$
Total Spending, Year to Date	T.

July 2018

	Jul 18
Ordinary Income/Expense	
Income	80.00
Body Board income	334.80
Concession Joe Dawgs	343.00
Custom Group	352.92
Food Vendor Income	
Kayak Rental Income	1,045.57
mangrove tour income	400.00
Pavillion rental	400.00
private lesson income	180.00
Summer Camp Income	-545.00
SUP rental Income	1,940.00
surf board rental income	20.00
Tandem Kayak	1,735.00
wedding income	1,350.00
Total Income	7,636.29
Expense	36.00
Bank Service Charges	36.00
camp supplies	9.00
Dues and Memberships	30.00
Dues/Subscriptions	30.00
Fees Paid to State Park	1,500.00
Marketing/Website Maintenance	600.00
Minimums Due - State Park	2,120.60
Office Supplies	-150.00
Payroli Expenses	
Admin	602.50
camp counselor	955.00
Private Lesson pay	30.00
Tiki Pay	3,336.25
Tours	82.50
Payroll Expenses - Other	495.50
Total Payroll Expenses	5,501.75
Payroll tax	
FUTA Fed unemp annual	32.39
Medicare tax	78.28
RT6 FL unemp	145.77
SS Tax	334.73
Total Payroli tax	591.17
Professional Fees	370.00
Square/Xola Fees	270.59
Tours supplies	96.00
Utilities	113.55
Total Expense	11,118.66
Net Ordinary Income	-3,482.37
Net Income	-3,482.37

August 2018

	Aug 18
Ordinary Income/Expense	
Income	
Body Board income	20.00
Custom Group	405.00
Food Vendor Income	179.42
Kayak Rental Income	1,705.00
mangrove tour income	280.00
Pavillion rental	80.00
Summer Camp Income	-50.00
SUP rental Income	1,390.00
surf board rental income	150.00
Tandem Kayak	
wedding income	1,260.00 -425.00
Total Income	4,994.42
Expense	
camp supplies	13.00
Dues and Memberships	30.00
Dues/Subscriptions	30.00
Equipment /Lease rental	
Fees Paid to State Park	539.22
Marketing/Website Maintenance	763.62
Payroll Expenses	600.00
Admin	
	245.00
Marketing	50.00
Tiki Pay	2,660.00
Tours	97.50
Payroll Expenses - Other	33.25
Total Payroll Expenses	3,085.75
Payroll tax	
FUTA Fed unemp annual	16.67
Medicare tax	44.26
RT6 FL unemp	75.00
SS Tax	189.26
Total Payroll tax	325.19
Professional Fees	100.00
Square/Xola Fees	210.92
Total Expense	5,697.70
Net Ordinary Income	-703.28
Net Income	-703.28

EXHIBIT E

Profit and Loss Statement for AUGUST 2018 (Month)

SERVIC GROSS SALES 	COMMISSI ONS PAID 763.62	Less Cost of Goods Sold	Less Operating Expenses 4934.08	Less Taxes <u>349.61</u>	Net Profit/Los s -703.28
Comments					
9-4					
	2				-
Add a second page, as n	eeded to provid	e an inclusive list	of services, including	ng revenue from su	bcontractors
TOTALS: 5344.03	763.62	0 0	0 4934.08	0 349.61	0 -703.28
Prepared by: S Capacity: AC Date Submitted	COUNTING MA	ANANGER FOR 1	FORT PIERCE OUTI	DOOR CENTER	
CERTIFICATION: I cert gross receipts for the p the Department.	-				d is based upon actual for review/audit by
Signature of Co	oncessionaire:	Kan	le Del	Date:	0-10-18

EXHIBIT D

Monthly Report of Concessionaire's Total Gross Sales
(Due by the 20th of each month)

Park: FORT PIERCE INVET STATE PARK Date:	
Concessionaire Name: Fort Pierce Outdoor Center	<u></u>
Period Covered: From 8-1-18 To 8-	31-18
Gross Sales Sale Location(s): Fort Pierolo Thlet State Park If there are multiple point of sale locations, please include the total sales line; and, list the name and total sales of each location on an attached se	\$ 5334 o3 for all locations on this econd sheet.
Subcontractor(s): Subcontractor is defined in paragraph 11 of this Agreement. If there are subcontractors, please include the total gross sales for all subcontractor the name and total gross sales of each subcontractor on an attached se	s on uns inte, anu, nec cond cheet
Total Taxes Collected:	-\$ 34961
Total Funds from Concessionaire Employee Food Consumption:	- \$
Total Customer Refunds: # of Refunds:	-\$
Total Gross Sales	=\$ 49891
Monthly Compensation Monthly Commission (/ % rate x Total Gross Sales)	\$ 498 44
State Use Tax (% rate x Monthly Commission)	÷ \$
State Use Tax Exempt Amount (enter \$0.00 if not exempt)	- \$
Monthly Vending Machine Fee: # of Machines:	+ \$
Monthly Utility Fee(s) to Park	÷ \$
Pass through fee Pavilion rentals	÷ \$
Other Payments (identify)	÷\$
Total Monthly Compensation Due:	=\$ 49844
Improvements Spending Monthly Spending	\$
Total Spending. Year to Date	Ģ

EXHIBIT E						
Profit and	Loss Statement	for SEPTEMBER 2	2018 (Month)			
SERVICES	GROSS SALES 695.50	LESS COMMISSI ONS PAID 498.44	Less Cost of Goods Sold	Less Operating Expenses 2273.64	Less Taxes 45.50	Net Profit/Loss -2122.08
Comments						
						T .
				•		
Add a seco	nd page, as nee	ded to provide an	inclusive list of	services, including	revenue from subco	ntractors
TOTALS:						
-	695.5	0 498.44	0 0	0 2273.64	0 45.5	0 -2122.08
		4.	ANGER FOR FOR	T PIERCE OUTDOO	R CENTER	
CERTIFICAT	10bl. Laantife th	i - manthly profit	and loss statems	ant is true and cor	rect and is based up	on actual
					vailable for review/a	
the Departi			0 1	00		
	Signature of C	oncessionaire:	Stendre	Beel		718

EXHIBIT D

Monthly Report of Concessionaire's Total Gross Sales

(Due by the 20th of each month)

Park: FORT PHENCE INCET STATE PARK Date:	
Period Covered: FromTo	# OC -
Gross Sales Sale Location(s): Fort Piercle Inlet State Park If there are multiple point of sale locations, please include the total sales line; and, list the name and total sales of each location on an attached se	сола ѕл а ет.
Subcontractor(s): Subcontractor is defined in paragraph 11 of this Agreement. If there are subcontractors, please include the total gross sales for all subcontractors the name and total gross sales of each subcontractor on an attached set	multiple s on this line; and, list cond sheet.
Total Taxes Collected:	
Total Funds from Concessionaire Employee Food Consumption:	- \$j
Total Customer Refunds: # of Refunds:	=\$ 65000
Total Gross Sales	- co-c
Monthly Compensation Monthly Commission (\$ 65°°°
State Use Tax (% rate x Monthly Commission)	÷ \$
State Use Tax Exempt Amount (enter \$0.00 if not exempt)	- \$
Monthly Vending Machine Fee: # of Machines:	+ \$
Monthly Utility Fee(s) to Park	***
Pass through fee Pavilion rentals	÷\$
Other Payments (identify)	+\$65°°
Total Monthly Compensation Due:	=\$6
Improvements Spending Monthly Spending	\$
Total Spending, Year to Date	5

September 2018

	Sep 18
Ordinary Income/Expense	
Income	450.00
Kayak Rental Income	150.00
SUP rental Income	280.00
surf board rental income	80.00
Tandem Kayak	140.00
Total Income	650.00
Expense	00.00
Dues and Memberships	30.00
Dues/Subscriptions	30.00
Fees Paid to State Park	498.44
Payroll Expenses	225.22
Tiki Pay	935.00
Payroll Expenses - Other	364.75
Total Payroll Expenses	1,299.75
Payroll tax	
FUTA Fed unemp annual	3.90
Medicare tax	18.67
RT6 FL unemp	17.55
SS Tax	79.82
Total Payroll tax	119.94
Professional Fees	150.00
	120.43
Square/Xola Fees Utilities	198.52
	325.00
Wedding Expense	
Total Expense	2,772.08
Net Ordinary Income	-2,122.08
et Income	-2,122.08

EXHIBIT E

Profit and Loss Statement for November 2017 (Month)

		LESS	Less Cost	Less		
CEDY HOEC	GROSS	COMMISSI	of Goods	Operating		Alat Day Ct /I
SERVICES	SALES 1102.28	ONS PAID 157.16	Sold	Expenses 5427.05	Less Taxes 67.28	Net Profit/Loss -4549.21
	1102.28	157.16	1	3427.03	07.20	-4345.21
Comments						
):	-		
Add a second pag	ge, as needed to pro	ovide an inclusive	list of services, ir	ncluding revenue from	n subcontracto	rs
TOTALC						
TOTALS:	1102.275	0 157.16	0 0	0 5427.05	0 67.275 (0 -4549.21
	Prepared by: SA					
			GER FOR FORT PI -{ 4 -	ERCE OUTDOOR CEN	TER	
	Date Submitted:	17	77-1	_		
CERTIFICATION:	I certify this month	ly profit and loss	statement is true	and correct and is ba	ased upon actua	al .
				ecords available for r	•	
the Department.			11	1 1 []		
			1 1.	1500	1-	1417
	Signature of Cond	essionaire:	// and	Di	ate:	11-1

EXHIBIT D

Monthly Report of Concessionaire's Total Gross Sales (Due by the 20th of each month)

Park: FORT PIERCE INVET STATE PARK Date:	
Concessionaire Name: Fort Pierce Outdoor Center	
Period Covered: From	28
Gross Sales Sale Location(s): Fort Prerels Inlet State Park If there are multiple point of sale locations, please include the total sales filine; and, list the name and total sales of each location on an attached sec	\$ //OZ or all locations on this
Subcontractor(s): Subcontractor is defined in paragraph 11 of this Agreement. If there are a subcontractors, please include the total gross sales for all subcontractors the name and total gross sales of each subcontractor on an attached section.	ond sheet.
Total Taxes Collected:	-\$ 67.28
Total Funds from Concessionaire Employee Food Consumption:	- \$
Total Customer Refunds: # of Refunds:	-\$
Total Gross Sales	=\$ 1035
Monthly Compensation Monthly Commission (/O % rate x Total Gross Sales)	\$ 103
State Use Tax (% rate x Monthly Commission)	+ \$
State Use Tax Exempt Amount (enter \$0.00 if not exempt)	- \$
Monthly Vending Machine Fee: # of Machines:	+ \$
Monthly Utility Fee(s) to Park	+ -
Pass through fee Pavilion rentals	+\$
Other Payments (identify)	÷\$
Total Monthly Compensation Due:	=\$ /035
Improvements Spending Monthly Spending	\$
Total Spending, Year to Date	\$

November 2017

	Nov 17
Ordinary Income/Expense Income Kayak Rental Income SUP rental Income surf board rental income	900.00 75.00 60.00
Total Income	1,035.00
Expense Commission Expense Dues/Subscriptions Equipment /Lease rental Insurance Expense Payroll Expenses Manager wages Payroll Expenses - Other	157.16 15.00 539.22 627.00 3,750.00 90.00
Total Payroll Expenses	3,840.00
Payroll tax FUTA Fed unemp annual Medicare tax RT6 FL unemp SS Tax	0.54 55.68 2.43 238.08
Total Payroll tax	296.73
Square/Xola Fees Telephone Expense Utilities	-70.67 168.20 11.57
Total Expense	5,584.21
Net Ordinary Income	-4,549.21
Net Income	-4,549.21