

EXHIBIT D

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

Park: Ponce De Leon Spring State Park _____ Date:

Concessionaire Name: A&B Ect Inc

Period Covered: From May 1, 2019 To May 31, 2019

Gross Sales

Sale Location: Gift Shop \$2,290.28

If there are multiple point of sale locations, please include the total sales for all locations on this line; and, list the name and total sales of each location on an attached second sheet.

Subcontractor(s): None +

Subcontractor is defined in paragraph 11 of this Agreement. If there are multiple subcontractors, please include the total gross sales for all subcontractors on this line; and, list the name and total gross sales of each subcontractor on an attached second sheet.

Total Taxes Collected:

- \$150.84

Total Funds from Concessionaire Employee Food Consumption

- \$7.00

Total Customer Refunds:

of Refunds:

\$0.00

Total Gross Sales

= \$2,132.44

Monthly Compensation

Monthly Commission (7 % rate x Total Gross Sales)

State Use Tax (___ % rate x Monthly Commission)

+ \$149.27

State Use Tax Exempt Amount (enter \$0.00 if not exempt)

-

Monthly Vending Machine

of Machines:

+

Pass through fee Pavilion rentals

+

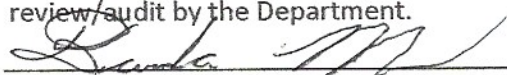
Other Payments (identify) Electricity

+ \$50.00

Total Monthly Compensation Due:

= \$199.27

CERTIFICATION: I certify that this monthly gross sales statement is true and correct and is based upo actual gross receipts for the period covered and recorded in the accounting records available for review/audit by the Department.



Signature of Concessionaire

6/10/19
Date

EXHIBIT E

Monthly Profit and Loss Statement for May (month) 2019 (year)
 (due with each Monthly Report of Concessionaire's Total Grand Gross Sales)

Concessionaire: A&B Ect Inc Park: Ponce De Leon State Park

Services	Gross Sales	Less Commissions Paid	Less Cost of Goods Sold	Less Operating Expenses	Less Taxes	Net Profit/Loss
1	2,290.28	199.27	2,779.57	34,726.53	150.84	-\$35,565.93
Comments:						
2						
Comments:						
3						
Comments:						
4						
Comments:						

Add a second page, as needed, to provide an inclusive list of services, including revenue from subcontractors.

5	Totals:	2,290.28	199.27	2,779.57	34,726.53	150.84	-\$35,565.93
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Prepared by: Brenda Shirah

Capacity: Manager

Date Submitted: _____

CERTIFICATION: I certify this annual profit and loss statement is true and correct and is based upon actual gross receipts for the period covered and recorded in the accounting records available for review/audit by the Department

Signature of Concessionaire:  Date: 6/10/19

Should be June Payment

DEP Agreement No. CA-1616

EXHIBIT D

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

Park: Ponce De Leon Springs State Park _____ Date: 7/2019

Concessionaire Name: A & B Etc Inc

Period Covered: From July 1, 2019 To July 31, 2019

Gross Sales

Sale Location: Gift Shop

\$2,558.75

If there are multiple point of sale locations, please include the total sales for all locations on this line; and, list the name and total sales of each location on an attached second sheet.

Subcontractor(s): None

+

Subcontractor is defined in paragraph 11 of this Agreement. If there are multiple subcontractors, please include the total gross sales for all subcontractors on this line; and, list the name and total gross sales of each subcontractor on an attached second sheet.

Total Taxes Collected:

Total Funds from Concessionaire Employee Food Consumption - \$174.83
- \$16.50

Total Customer Refunds: # of Refunds: \$0.00

Total Gross Sales = \$2,367.42

Monthly Compensation

Monthly Commission (7 % rate x Total Gross Sales)

State Use Tax (% rate x Monthly Commission) + \$165.72

State Use Tax Exempt Amount (enter \$0.00 if not exempt) -

Monthly Vending Machine # of Machines: +

Pass through fee Pavilion rentals +

Other Payments (identify) Electricity + \$50.00

Total Monthly Compensation Due: = \$215.72

CERTIFICATION: I certify that this monthly gross sales statement is true and correct and is based upon actual gross receipts for the period covered and recorded in the accounting records available for review/audit by the Department.

[Signature]
Signature of Concessionaire

7-12-19
Date

EXHIBIT D

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

Park: Ponce De Leon Springs State Park _____ Date: 7/2019

Concessionaire Name: A & B Etc Inc

Period Covered: From July 1, 2019 To July 31, 2019

Gross Sales

Sale Location: Gift Shop \$4,338.65

If there are multiple point of sale locations, please include the total sales for all locations on this line; and, list the name and total sales of each location on an attached second sheet.

Subcontractor(s): None +

Subcontractor is defined in paragraph 11 of this Agreement. If there are multiple subcontractors, please include the total gross sales for all subcontractors on this line; and, list the name and total gross sales of each subcontractor on an attached second sheet.

Total Taxes Collected:

- \$286.77

Total Funds from Concessionaire Employee Food Consumption

- \$28.87

Total Customer Refunds:

of Refunds:

\$0.00

Total Gross Sales

= \$4,023.01

Monthly Compensation

Monthly Commission (7 % rate x Total Gross Sales)

State Use Tax (% rate x Monthly Commission)

+ \$281.61

State Use Tax Exempt Amount (enter \$0.00 if not exempt)

-

Monthly Vending Machine

of Machines:

+

Pass through fee Pavilion rentals

+

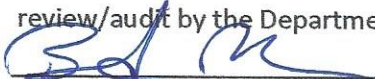
Other Payments (identify) Electricity

+ \$50.00

Total Monthly Compensation Due:

= \$331.61

CERTIFICATION: I certify that this monthly gross sales statement is true and correct and is based upon actual gross receipts for the period covered and recorded in the accounting records available for review/audit by the Department.



Signature of Concessionaire

8/5/19

Date

EXHIBIT E

Monthly Profit and Loss Statement for July (month) 2019 (year)
 (due with each Monthly Report of Concessionaire's Total Grand Gross Sales)

Concessionaire: A & B ETC INC Park: Ponce De Leon Springs State Park

Services	Gross Sales	Less Commissions Paid	Less Cost of Goods Sold	Less Operating Expenses	Less Taxes	Net Profit/Loss
1 Comments:	<u>4,338.65</u>	<u>331.61</u>	<u>655.41</u>	<u>1,289.75</u>	<u>286.77</u>	<u>\$1,775.11</u>
2 Comments:	_____	_____	_____	_____	_____	_____
3 Comments:	_____	_____	_____	_____	_____	_____
4 Comments:	_____	_____	_____	_____	_____	_____

Add a second page, as needed, to provide an inclusive list of services, including revenue from subcontractors.

5 **Totals:** 4,338.65 331.61 655.41 1,289.75 286.77 \$1,775.11

Prepared by: Brenda Shirah

Capacity: Manager

Date Submitted: _____

CERTIFICATION: I certify this annual profit and loss statement is true and correct and is based upon actual gross receipts for the period covered and recorded in the accounting records available for review/audit by the Department

Signature of Concessionaire:  Date: 8/5/2019

FIELD MANAGER

Home Launch Pad Sign Out Open Cash Drawer Help

Order Summary

Receipt Details
 Receipt # 893357895 Receipt Date & Time Tue Aug 6 2019 5:24 PM EDT Sales Location Ponce de Leon Springs State Park Created By Provost,Wilbur

Customer
 Name PUBLIC,GENERAL Phone 1011011101 Email Organization Name

[PRINT RECEIPT](#)

Transaction(s)
 Purchase POS, Make Payment
 3-11325806 **Concessionaire Utility Payment** 1 POS Fee \$50.00
 PONCE DE LEON SPRINGS STATE PARK

Receipt Item
 Contract Concession Payment 1 POS Fee \$263.93
 Tax \$17.68
 Order Total \$331.61

Receipt Fees Summary
 POS Fee \$313.93
 Tax \$17.68

Totals
 Total Price \$331.61
 Total Past Paid \$0.00

Payments & Change
 Payment Tendered \$331.61
 Change Tendered \$0.00

Outstanding
 New Amount Owing \$0.00

Payment Details
 Type Personal Check Check Number 5011 Check Date Mon Aug 05 2019 Check Holder Name Shirah Amount 331.61 Currency USD

Print Actions [PRINT RECEIPT](#)

EXHIBIT D

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

Park: Ponce De Leon Springs State Park _____ Date: 9/2 /2019

Concessionaire Name: A & B Etc Inc

Period Covered: From August 1, 2019 To August 31, 2019

Gross Sales

Sale Location: Gift Shop \$2,446.84

If there are multiple point of sale locations, please include the total sales for all locations on this line; and, list the name and total sales of each location on an attached second sheet.

Subcontractor(s): None +

Subcontractor is defined in paragraph 11 of this Agreement. If there are multiple subcontractors, please include the total gross sales for all subcontractors on this line; and, list the name and total gross sales of each subcontractor on an attached second sheet.

Total Taxes Collected:

- \$158.55

Total Funds from Concessionaire Employee Food Consumption

- \$61.00

Total Customer Refunds:

of Refunds:

\$0.00

Total Gross Sales

= \$2,227.29

Monthly Compensation

Monthly Commission (7 % rate x Total Gross Sales)

State Use Tax (___ % rate x Monthly Commission)

+ \$155.91

State Use Tax Exempt Amount (enter \$0.00 if not exempt)

-

Monthly Vending Machine

of Machines:

+

Pass through fee Pavilion rentals

+


Other Payments (identify) Electricity

+ \$50.00

Total Monthly Compensation Due:

= \$205.91

CERTIFICATION: I certify that this monthly gross sales statement is true and correct and is based upo actual gross receipts for the period covered and recorded in the accounting records available for review/audit by the Department.



Signature of Concessionaire

9/2/2019

Date

EXHIBIT E

Monthly Profit and Loss Statement for August (month) 2019 (year)
 (due with each Monthly Report of Concessionaire's Total Grand Gross Sales)

Concessionaire: A & B ETC INC Park: Ponce De Leon Springs State Park

Services	Gross Sales	Less Commissions Paid	Less Cost of Goods Sold	Less Operating Expenses	Less Taxes	Net Profit/Loss
1	<u>2,446.84</u>	<u>205.91</u>	<u>1,117.84</u>	<u>1,356.42</u>	<u>158.55</u>	<u>-\$391.88</u>
Comments:						
2						
Comments:						
3						
Comments:						
4						
Comments:						

Add a second page, as needed, to provide an inclusive list of services, including revenue from subcontractors.

5	Totals:	<u>2,446.84</u>	<u>205.91</u>	<u>1,117.84</u>	<u>1,356.42</u>	<u>158.55</u>	<u>-\$391.88</u>
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Prepared by: Brenda Shirah

Capacity: Manager

Date Submitted: _____

CERTIFICATION: I certify this annual profit and loss statement is true and correct and is based upon actual gross receipts for the period covered and recorded in the accounting records available for review/audit by the Department

Signature of Concessionaire:  Date: 9/2/2019

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

Park: Ponce De Leon State Park Date: 10/12/2019
 Concessionaire Name: A & B ETC, INC
 Period Covered: From: September 1, 2019 To: September 30, 2019

Gross Sales

Sale Location(s): Ponce De Leon State Park \$1,842.18
If there are multiple point of sale locations, please include the total sales for all locations on this line; and, list

Total Taxes Collected: - \$117.60

Total Customer Refunds: # of Refunds: _____ - _____

Total Gross Sales **= \$1,724.58**

Monthly Compensation

Monthly Commission (7% rate x Total Gross Sales) \$120.72

Flat Fee + _____

Monthly Utility Fee(s) to Park + \$50.00

Pass through fees (entrance fees, pavilion rentals, etc.) + _____

Other Payments (identify) For the incorrect Months(May thru August) + \$6.92

Use Tax (if applicable) + _____

Total Monthly Compensation Due: **= \$177.64**

CERTIFICATION: I certify that this monthly gross sales statement is true and correct and is based upon actual

 10/12/2019
 Signature of Concessionaire Date

 10/12/2019
 Signature of Preparer Date

Brenda Shirah
 Preparer Name

Return this form to the Department's Agreement Manager.

Month	Orginal Submitted	New Amount	Total
May	199.27	199.76	0.49
June	302.7	302.84	0.14
July	331.61	333.63	2.02
August	205.91	210.18	4.27
			6.92

EXHIBIT E

Monthly Profit and Loss Statement for September (month) 2019 (year)
 (due with each Monthly Report of Concessionaire's Total Grand Gross Sales)

Concessionaire: A & B ETC INC Park: Ponce De Leon Springs State Park

Services	Gross Sales	Less Commissions Paid	Less Cost of Goods Sold	Less Operating Expenses	Less Taxes	Net Profit/Loss
1	<u>1,842.18</u>	<u>177.64</u>	<u>74.31</u>	<u>435.92</u>	<u>117.60</u>	<u>\$1,036.71</u>
Comments:						
2						
Comments:						
3						
Comments:						
4						
Comments:						

Add a second page, as needed, to provide an inclusive list of services, including revenue from subcontractors.

5	Totals:	<u>1,842.18</u>	<u>177.64</u>	<u>74.31</u>	<u>435.92</u>	<u>117.60</u>	<u>\$1,036.71</u>
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Prepared by: Brenda Shirah

Capacity: Manager

Date Submitted: 10/12/19

CERTIFICATION: I certify this annual profit and loss statement is true and correct and is based upon actual gross receipts for the period covered and recorded in the accounting records available for review/audit by the Department

Signature of Concessionaire:  Date: 10/12/2019

EXHIBIT E

Monthly Profit and Loss Statement for October (month) 2019 (year)
 (due with each Monthly Report of Concessionaire's Total Grand Gross Sales)

Concessionaire: A & B ETC INC Park: Ponce De Leon Springs State Park

Services	Gross Sales	Less Commissions Paid	Less Cost of Goods Sold	Less Operating Expenses	Less Taxes	Net Profit/Loss
1	0.00	0.00	0.00	0.00	0.00	\$0.00
Comments:						
2						
Comments:						
3						
Comments:						
4						
Comments:						

Add a second page, as needed, to provide an inclusive list of services, including revenue from subcontractors.

5	Totals:	0.00	<u>0.00</u>	0.00	0.00	0.00	\$0.00
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Prepared by: Brenda Shirah

Capacity: Manager

Date Submitted: _____

CERTIFICATION: I certify this annual profit and loss statement is true and correct and is based upon actual gross receipts for the period covered and recorded in the accounting records available for review/audit by the Department

Signature of Concessionaire:  Date: 11/4/2019

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

Park: Ponce De Leon State Park Date: 11/4/2019
Concessionaire Name: A & B ETC, INC
Period Covered: From: October 1, 2019 To: October 31, 2019

Gross Sales

Sale Location(s): Ponce De Leon State Park \$0.00
If there are multiple point of sale locations, please include the total sales for all locations on this line; and, list

Total Taxes Collected: - \$0.00

Total Customer Refunds: # of Refunds: _____ - _____

Total Gross Sales = \$0.00

Monthly Compensation

Monthly Commission (7% rate x Total Gross Sales) \$0.00

Flat Fee + _____

Monthly Utility Fee(s) to Park + \$0.00

Pass through fees (entrance fees, pavilion rentals, etc.) + _____

Other Payments (*identify*) For the incorrect Months(May thru August) + \$0.00

Use Tax (if applicable) + _____

Total Monthly Compensation Due: = \$0.00

CERTIFICATION: I certify that this monthly gross sales statement is true and correct and is based upon actual

[Signature] 11/4/2019
Signature of Concessionaire Date

[Signature] 11/4/2019
Signature of Preparer Date

Brenda Shirah
Preparer Name

Return this form to the Department's Agreement Manager.