DEP Agreement No. CA-1616

EXHIBIT D

Park: Ponce De Leon Spring State Park	Date:		
Concessionaire Name: A&B Ect Inc	To May 21 2010		
Period Covered: From May 1, 2019 Gross Sales	10 Wlay 31, 2013		
Sale Location: Gift Shop			\$2,290.28
If there are multiple point of sale locations,	please include the total sales for	all locations on t	
and, list the name and total sales of each lo			
			
Subcontractor(s): None		+	
Subcontractor is defined in paragraph 11 of	f this Agreement. If there are mu	tiple subcontract	ors, please
include the total gross sales for all subconti	ractors on this line; and, list the n	ame and total gro	oss sales of
each subcontractor on an attached second	sheet.		
Total Taxes Collected:			
rotal raxes conceted.		_	\$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 Gr	oss Sales)		
State Hea Tay (% rate y Monthly Comm	niccion)	+	\$149.27
State Use Tax (% rate x Monthly Comm	mission)		γ1-1J.27
State Use Tax Exempt Amount (enter \$0.00	0 if not exempt)	_	
State Ose Tax Exemperational (office party)	,		
Monthly Vending Machine	# of Machines:	+	
Pass through fee Pavilion rentals		+	
Other Payments (identify)Electricit	Υ	+	\$50.00
			\$199.27
Total Monthly Compensation Due:		=	\$139.27
CERTIFICATION: I certify that this monthly	gross sales statement is true and	correct and is ha	sed uno
actual gross receipts for the period covered			
review/audit by the Department.	and recorded in the accounting	5 . 5001 43 444114011	- 101
		6/10	/19
Signature of Concessionaire		Date	

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	Comments:	2,2	90.28	199.27	2,779.57	34,726.53	150.84	-\$35,565.93	
2	Comments:	Menone and the control of the contro				-	***************************************		
3	Comments:								
4	Comments:								
	Add a seco	nd page, a	ıs neede	ed, to provide an	inclusive list of s	ervices, including	revenue from sul	ocontractors.	
5	Totals:	2,2	90.28	199.27	2,779.57	34,726.53	150.84	-\$35,565.93	
		Prepared b		n <mark>da Shirah</mark> er		-		_	
	[Date Submi	itted:						
	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//9								
					///				

Should be June Payment

DEP Agreement No. CA-1616 EXHIBIT D

Park: Ponce De Leon Springs State Park Date: /2019		
Concessionaire Name: A & B Etc Inc	****	
Period Covered: From July 1, 2019 To July 31, 2019		
Gross Sales	PO-CONTROL OF COMPANY	
Sale Location: Gift Shop		
If there are multiple point of sale locations, please include the total sa	1	\$2,558.75
and, list the name and total sales of each location on an attached seco	ies for all locations o and sheet.	on this line;
Subcontractor(s): None		
Subcontractor is defined in paragraph 11 of this Agreement. If there are include the total gross sales for all subsections.	ro mustinla automor	
and liet	the page and total	actors, please
each subcontractor on an attached second sheet.	the name and fords	gross sales of
Total Taxes Collected:		
		\$174.83
Total Funds from Concessionaire Employee Food Consumption		\$16.50
		\$10.30
Total Customer Refunds: # of Refunds:		\$0.00
Total Constitution		46.00
Total Gross Sales	M	\$2,367.42
Monthly Compensation		
Monthly Commission (7 % rate x Total Gross Sales)		
and all all and a said of		
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 Manthly Community		
Total Monthly Compensation Due:		\$215.72
CERTIFICATION		
CERTIFICATION: I certify that this monthly gross sales statement is true a	ind correct and is ba	sed upo
b are period covered and recorded in the account	ting records available	e for
review/audit by the Department.		0 10
Signature of Concessionaire		2-19
-8. see a cource and define	Date	- Dennis San

DEP Agreement No. CA-1616

EXHIBIT D

Park: Ponce De Le	on Springs S	tate Park	Date	e: <u>/2019</u>			
Concessionaire Na	me: <u>A & B E</u>	tc Inc					
Period Covered:	From	July 1, 2019	To	July 31, 2019			
Gross Sales							
Sale Location: Gift	Shop					\$4,338.6	5
If there are multip	le point of s	ale locations, p	lease in	clude the total sales f	for all location	ns on this line;	
and, list the name	and total sa	les of each loca	ition on	an attached second	sheet.		
Subcontractor(s): <u>I</u>	None	The state of the s			4	+	
Subcontractor is de	efined in pa	ragraph 11 of tl	nis Agre	ement. If there are m	nultiple subco	ontractors, pleas	e
				this line; and, list the	e name and to	otal gross sales o	ıf
each subcontracto	r on an atta	ched second sh	eet.				
Total Taxes Collect	ed:						
					,	- \$286.7	7
Total Funds from C	Concessiona	ire Employee Fo	ood Con	sumption	,	- \$28.8	7
Total Customer Re	funds:		#	of Refunds:		\$0.0	0
Total Gross Sales					=	\$4,023.0	1
Monthly Compens	ation						
Monthly Commissi	on (<u>7</u> % ra	te x Total Gros	s Sales)				
State Use Tax (% rate x M	onthly Commis	sion)		4	\$281.6	1
State Use Tax Exen	npt Amount	(enter \$0.00 if	not exe	empt)		-	
Monthly Vending N	Vlachine		# (of Machines:	H	ŀ	
Pass through fee P	avilion renta	als			4	F	
Other Payments (id	dentify)	Electricity_			4	+ \$50.0	0
Total Monthly Con	npensation	Due:				\$331.6	1
CERTIFICATION: I c	ertify that t	his monthly gro	ss sales	statement is true an	d correct and	l is based upo	
				orded in the accounti			
review/aud/t by th		nt.			orthody	eleli	9
Signature of Conce	ssionaire			11	Dat	e 0/3/1	1

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:	4,338.65	331.61	655.41	1,289.75	286.77	\$1,775.11
2 Comments:				-		
3 Comments:						
4 Comments:						
Add a seco	nd page, as neede	ed, to provide an	inclusive list of se	rvices, including r	evenue from sub	contractors.
5 Totals:	4,338.65	331.61	655.41	1,289.75	286.77	\$1,775.11
P	repared by: Bren	da Shirah				
Ca	apacity: <u>Manage</u>	er				
D	ate Submitted:					
CERTIFICATIO receipts for the Department	ON: I certify this an	nual profit and lo	oss statement is tru the accounting rec	ue and correct and ords available for	l is based upon ad review/audit	
ignature of Co	ncessionaire:	1	3	Date:	8/5/2019	

FIELD MANAGER

Home Launch Pad Sign Out Open Cash Drawer Help

Order Summa	ary	
Receipt Details	Receipt # Receipt Date & Time Sales Location Create 893357895 Tue Aug 6 2019 5:24 PM EDT Ponce de Leon Springs State Park Prove	ed By ost,Wilbur
Customer	Name Phone Email Organization Name PUBLIC,GENERAL 1011011101	RINT RECEIPT
Transaction(s)	Purchase POS, Make Payment	
Doggins Is	3-11325806 Concessionaire Utility 1 POS Fee PONCE DE LEON SPRINGS STATE PARK	\$50.00
Receipt Item	Contract Concession 1 POS Fee Payment Tax	\$263.93 \$17.68
	Order Total	\$331.61
Receipt Fees Summary	POS Fee Tax	\$313.93 \$17.68
Totals .	Total Price Total Past Paid	\$331.61 \$0.00
Payments & Change	Payment Tendered Change Tendered	\$331.61 \$0.00
Outstanding	New Amount Owing	\$0.00
Payment Details	Personal Check 5011 Mon Aug 05 2040 Quint	urrency JSD
Print Actions	PRINT RECEIPT	

DEP Agreement No. CA-1616

EXHIBIT D

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	ations 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 su	ubcontrac	tors, please
include the total gross sales for all subcontractors on this line; and, list the name ar		
each subcontractor on an attached second sheet.		
Total Taxes Collected:		
Total Taxes Collected:		645055
Total Funds from Congossionsine Franksine Franksine Franksine	-	\$158.55
Total Funds from Concessionaire Employee Food Consumption		\$61.00
Total Customer Refunds: # of Refunds:		¢0.00
Total castomer neralias. # of neralias.		\$0.00
Total Gross Sales		\$2,227.29
	_	72,221.23
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		
actual gross receipts for the period covered and recorded in the accounting record	s availabl	e for
review/audit by the Department.		
26 69		9/2/2019
Signature of Concessionaire	Date	

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 Co	mments:	2,	446.84	205.91	1,117.84	1,356.42	158.55	-\$391.88	
2 Co	mments:				-		-		
3 Co	mments:		-						
4 Co	mments:	; ************************************							
	Add a seco	ond page,	as neede	ed, to provide an	inclusive list of se	ervices, including r	evenue from sub	contractors.	
5	Totals	:2,	446.84	205.91	1,117.84	1,356.42	158.55	-\$391.88	
				nda Shirah					
	(Capacity:_	Manag	er					
	(Date Subr	nitted:	· · · · · · · · · · · · · · · · · · ·					
rec		the period				rue and correct an cords available for			
	Signature	of Conce	ssionaire	BU	1/	Date	:9/2/	/2019	

EXHIBIT A

Park. Ponce De Leon State Park Date	e: <u>10/12/20</u>	19	
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 incl	ude the tota	l sales for all locations on this	s 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	s(May thru A	lugust)	+ \$6.92
Use Tax (if applicable)			+
Total Monthly Compensation Due:			= \$177.64
CERTIFICATION: Certify that this monthly gross sales	statement is		d upon actual 2/2019
Signature of Concessionaire		Date	
===			
Bdon		10/12	2/2019
Signature of Preparer		Date	
Brenda Shirah		Mary and the second	
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

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 Less Less **Less Cost** Less Net Services Gross Sales Commissions Operating of Goods Sold Profit/Loss **Taxes** Paid **Expenses** 1 1,842.18 177.64 74.31 435.92 \$1,036.71 117.60 Comments: 2 Comments: 3 Comments: Comments: Add a second page, as needed, to provide an inclusive list of services, including revenue from subcontractors. 5 1,842.18 177.64 74.31 435.92 117.60 \$1,036.71 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: 10/12/2019_

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 Comments:		0.00	0.00	0.00	0.00	0.00	\$0.00
2 Comments:							
3 Comments:							
4 Comments:							
Add a seco	ond page,	as need	ed, to provide an	inclusive list of se	ervices, including	revenue from su	bcontractors.
5 Totals	•	0.00	0.00	0.00	0.00	0.00	\$0.00
1	Prepared	by: <u>Bre</u>	nda Shirah				
C	Capacity:_	Manag	ger				
[Date Subn	nitted:_					
	the period	•	•	loss statement is t the accounting re		•	•
Signature	of Conce	ssionair	e: 3d	m	Dat	te:11/4	4/2019

EXHIBIT A

Park: Ponce De Leon Sta	te Park	_Date: <u>_11/4/2</u>	2019		
Concessionaire Name: _					
Period Covered: From: _	October 1, 2019	To:	October 31, 2019		
Gross Sales					
Sale Location(s): Ponce	De Leon State Park				\$0.00
	nt of sale locations, please	include the t	 otal sales for all location	s on this line; an	d, list
Total Taxes Collected:					\$0.00
Total Customer Refunds	:: # of Refund	ls:			
Total Gross Sales				=_	\$0.00
Monthly Compensation Monthly Commission (_	<u>1</u> 	les)		-	\$0.00
Flat Fee				+_	
Monthly Utility Fee(s) to	o Park			+_	\$0.00
Pass through fees (entra	ance fees, pavilion rentals	, etc.)		+_	
Other Payments (identij	fy)For the incorrect Mo	onths(May th	ru August)	+_	\$0.00
Use Tax (if applicable)				+_	
Total Monthly Compen	sation Due:			=	\$0.00
CERTIFICATION: I certify	that this monthly gross s	ales stateme	nt is true and correct and	d is based upon a 11/4/2019	actual
Signature of Concession	naire		Date		
31/	N			11/4/2019	
Signature of Preparer			Date		
Brenda Shirah					
Preparer Name					
Return this form to the De	epartment's Agreement Man	ager.			