Park: Ponce De Leon State Park Date: 4/8/20	20		
Concessionaire Name: A & B ETC, INC			
Period Covered: From:January 1, 2020To:	January 31, 2020		
Gross Sales			
Sale Location(s): Ponce De Leon State Park			\$0.00
If there are multiple point of sale locations, please include the to	tal sales for all locations	on this line; an	d, list
Total Taxes Collected:			\$0.00
Total Customer Refunds: # of Refunds:	_	_	
Total Gross Sales		=	\$0.00
Monthly Compensation		57-	
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	s true and correct and is	based upon ac 4/8/20 7.0	tual
Signature of Concessionaire	Date	17072020	
Sta		4/8/20 29	
Signature of Preparer	Date		
Brenda Shirah			
Preparer Name			
Return this form to the Department's Agreement Manager.			

Monthly Profit and Loss Statement for __January__ (month) __2020__ (year) (due with each Monthly Report of Concessionaire's Total Grand Gross Sales)

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
comments.							
2							
Comments:							
3							
Comments:					_		
4 Comments:	-						
Add a secon	nd page,	0.00	d, to provide an	inclusive list of se	rvices, including re	o.00	contractors. \$0.00
P	repared l	oy:_Bren	da Shirah				
Ca	pacity:_	Manage	r				
Date S	ubmitted	:					
certification receipts for th Department	N: I certif e period	fy this an covered	nual profit and lo	ss statement is tru	e and correct and ords available for	is based upon a review/audit	
Signature o	of Conces	ssionaire:	Dd,	m	Date:	1/8/2	020

Park: Ponce De Leon State Park Date:	4/8/2020			
Concessionaire Name: _A & B ETC, INC		2		
Period Covered: From: February 1, 2020	To: Febru	uary 29, 2020		
Gross Sales				
Sale Location(s): Ponce De Leon State Park			_	\$0.00
If there are multiple point of sale locations, please include	e the total sale:	s for all locations of	n this line; and	d, 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)			<u>-</u>	\$0.00
Flat Fee			+_	
Monthly Utility Fee(s) to Park	*		+_	\$0.00
Pass through fees (entrance fees, pavilion rentals, etc.)			+_	T. consequences
Other Payments (identify)For the incorrect Months(N	May thru Augus	t)	+_	\$0.00
Use Tax (if applicable)			+_	
Total Monthly Compensation Due:			=_	\$0.00
CERTIFICATION: I certify that this monthly gross sales sta	tement is true	and correct and is	based upon a 4/8/20 19	ctual
Signature of Concessionaire		Date		
31 m			4/8/20 19	
Signature of Preparer		Date		
Brenda Shirah		_		
Preparer Name				
Return this form to the Department's Agreement Manager.				

Monthly Profit and Loss Statement for __February__ (month) __2020__ (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 Commissions Gross Sales Operating of Goods Sold Taxes Profit/Loss Paid Expenses 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 0.00 0.00 Totals: 0.00 0.00 0.00 \$0.00 Prepared by: Brenda Shirah Capacity: Manager_ Date Submitted: 4/8/2020_____ 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 Date: _____4/8/2020____ Signature of Concessionaire:

Park: Ponce De Leon State Park Da	te: 4/8/	2020			
Concessionaire Name: A & B ETC, INC					
Period Covered: From: March 1, 2020	_To:	March 31, 2020			
Gross Sales					
Sale Location(s): Ponce De Leon State Park					\$0.00
If there are multiple point of sale locations, please inc	clude the	total sales for all locatio	ns on this lin	e; and	l, 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	c.)			+_	
Other Payments (identify)For the incorrect Month	s(May th	ru August)		+	\$0.00
Use Tax (if applicable)				+_	
Total Monthly Compensation Due:				=_	\$0.00
CERTIFICATION: I certify that this monthly gross sales	stateme	nt is true and correct and	d is based up 4/8/20		tual
Signature of Concessionaire		Date			
Bam	- Andrew Const		4/8/20	AD	
Signature of Preparer		Date			
Brenda Shirah					
Preparer Name					
Return this form to the Department's Agreement Manager.	83				

Monthly Profit and Loss Statement for __March__ (month) __2020__ (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 Commissions Gross Sales Operating of Goods Sold Profit/Loss Taxes Paid **Expenses** 1 0.00 0.00 0.00 0.00 0.00 \$0.00 Comments: 2 Comments: 3 Comments: Comments: Add a second page, as needed, to provide an inclusive list of services, including revenue from subcontractors. 0.00 0.00 0.00 5 0.00 \$0.00 Prepared by: Brenda Shirah Capacity: Manager Date Submitted: 4/8/2020 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 ______ Date:______4/8/2020_____ Signature of Concessionaire:

Monthly Profit and Loss Statement for __July__ (month) __2020__ (year) (due with each Monthly Report of Concessionaire's Total Grand Gross Sales)

	Services	Gross Sales	Less Commissions Paid	Less Cost of Goods Sold	Less Operating Expenses	Less Taxes	Net Profit/Loss
1	Comments:	5,192.19	439.96	2,589.59	1,399.53	335.68	\$427.43
2	Comments:						<u> </u>
3	Comments:						
4	Comments:						
	Add a seco	nd page, as need	ed, to provide an	inclusive list of s	ervices, including	revenue from su	ibcontractors.
5	Totals	5,192.19	439.96	2,589.59	1,399.53	335.68	\$427.43
		Prepared by: <u>Bre</u>		*****			
	(Capacity: Manag	ger		a complete or a fact of the control		
	1	Date Submitted:_					
	receipts for to Department	the period covere	annual profit and d and recorded in	loss statement is the accounting r	true and correct a ecords available fo	nd is based upon or review/aud	actual gross dit by the
	Signatur	e of Concessionai	re:	10	Da Da	ite:8/4	1/2020

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

Park: Ponce De Leon State Park	Date: <u>8/4/2020</u>		
Concessionaire Name: A & B ETC, INC			,
Period Covered: From: July 1, 2020	To: July 31, 2020		
Gross Sales			
Sale Location(s): Ponce De Leon State Park If there are multiple point of sale locations, ple	ease include the total sales f	for all locations on this line;	\$5,192.19 and, list
Total Taxes Collected:			\$335.68
Total Customer Refunds: # of Ref	funds:		
Total Gross Sales		:	\$4,856.51
Monthly Compensation Monthly Commission (7% rate x Total Gross	: Sales)		\$339.96
Flat Fee			t
Monthly Utility Fee(s) to Park			\$50.00
Pass through fees (entrance fees, pavilion ren	tals, etc.)		+
Other Payments (identify)For the incorrec June Monthly Utility Fee Use Tax (if applicable)	t Months(May thru August)		+ \$50.00 +
Total Monthly Compensation Due:			= \$439.96
CERTIFI€ATION. I certify that this monthly gro	oss sales statement is true a	8/4/202	n actual <u>0</u>
Signature of Concessionaire		Date	
31 m		8/4/202 Date	<u>o</u>
Signature of Preparer Brenda Shirah			
Preparer Name	<u></u>	-	
Deturn this form to the Department's Agreement	Manager		

Monthly Profit and Loss Statement for __August__ (month) __2020 __ (year) (due with each Monthly Report of Concessionaire's Total Grand Gross Sales)

	Concessio	onaire: A&BEIC	INC Park: Pon	ce De Leon Springs	State raik	
Services	Gross Sales	Less Commissions Paid	Less Cost of Goods Sold	Less Operating Expenses	Less Taxes	Net Profit/Loss
Comments:	4,426.94	339.70	2,809.90	1,093.31	288.31	-\$104.28
Comments:						
Comments:		-		-		
4 Comments:			S			<u></u>
Add a sec	ond page, as nee	ded, to provide ar	n inclusive list of so	ervices, including	revenue from su	bcontractors.
5 Total	4,426.94	339.70	2,809.90	1,093.31	288.31	-\$104.28
	Prepared by: Br					
	Date Submitted:					
receipts for Departmen	r the period cover	annual profit and ed and recorded i	loss statement is n the accounting r	true and correct a ecords available fo	nd is based upon or review/aud	actual gross dit by the
Signatu	ure of Concession	aire: 34	m	Da	te:9/4	1/2020

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

Park: Ponce De Leon State Park Date: 9/4/2020			
Concessionaire Name: A & B ETC, INC			
Period Covered: From: August 1, 2020 To: August 31, 2020			
Gross Sales			
Sale Location(s): Ponce De Leon State Park			4,426.94
If there are multiple point of sale locations, please include the total sales	for all location	ıs on this line; and	l, list
Total Taxes Collected:			\$288.31
Total Customer Refunds: # of Refunds:		=:	
Total Gross Sales		= <u>\$</u>	4,138.63
Monthly Compensation Monthly Commission (7% rate x Total Gross Sales)		_	\$289.70
Flat Fee		+_	3/14/12
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,)	+_	
Use Tax (if applicable)		+_	
Total Monthly Compensation Due:		=_	\$339.70
CERTIFICATION: I certify that this monthly gross sales statement is true	and correct an	d is based upon a	ctual
Che Ch		9/4/2020	
Signature of Concessionaire	Date		
31 m		9/4/2020	
Signature of Preparer	Date		
Brenda Shirah	_		
Preparer Name			
Return this form to the Department's Agreement Manager.			

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

Park: Ponce De Leon State Park Date: 10/5/2020		
Concessionaire Name: A & B ETC, INC		
Period Covered: From: <u>September 1, 2020</u> To: <u>September 31,</u>	2020	
Gross Sales		
Sale Location(s): Ponce De Leon State Park		\$3,313.62
If there are multiple point of sale locations, please include the total sales	for all locations on this line;	and, list
Total Taxes Collected:		\$214.59
Total Customer Refunds: # of Refunds:		
Total Gross Sales		\$3,099.03
Monthly Compensation Monthly Commission (7% rate x Total Gross Sales)		\$216.93
Flat Fee		t
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)	+
Use Tax (if applicable)		+
Total Monthly Compensation Due:		= \$266.93
CERTIFICATION: I certify that this monthly gross sales statement is true	and correct and is based upo 10/5/202	n actual 0
Signature of Concessionaire	Date	
$\beta \Lambda m$	10/5/202	0
(f)d ("	10/5/202 Date	
Signature of Preparer	Date	
Brenda Shirah Preparer Name		
Return this form to the Department's Agreement Manager.		
The state of the s		

Monthly Profit and Loss Statement for __September__ (month) __2020 __ (year) (due with each Monthly Report of Concessionaire's Total Grand Gross Sales)

		С	oncessio	naire: <u>A & B ETC</u>	CINC Park: Pon	ce 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	omments:	3	3,313.62	266.93	469.37	1,287.26	214.59	\$1,075.47
2 Co	omments:	-						
3 Co	omments:							
4 Co	omments:							
	Add a sec	ond page	e, as need	led, to provide a	n inclusive list of s	ervices, including r	evenue from su	bcontractors.
5	Totals	s:	3,313.62	266.93	469.37	1,287.26	214.59	\$1,075.47
		Prepare	d by: Bre	enda Shirah				
		Capacity	: Mana	ger				
	Date	Submitte	d:	10/05/2020				
r	eceipts for Departmen	the peri	ertify this od covere	annual profit and ed and recorded i	l loss statement is in the accounting r	true and correct ar ecords available fo	nd is based upon r review/aud	actual gross lit by the
	Signatur	e of Con	cessionai	re! Bd	m	Date	e:10/	5/2020

Park: Ponce De Leon State Park Date: 11/4/2020	
Concessionaire Name: A & B ETC, INC	
Period Covered: From: October 1, 2020 To: October 31, 20	20
Gross Sales	
Sale Location(s): Ponce De Leon State Park	\$0.00
If there are multiple point of sale locations, please include the total sa	les 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 Augu	ust) +
Use Tax (if applicable)	+
Total Monthly Compensation Due:	= \$0.00
CERTIFICATION: I certify that this monthly gross sales statement is tru	
Da h	11/4/2020 Date
Signature of Concessionaire	Bute
San	11/4/2020
Signature of Preparer	Date
Brenda Shirah	
Preparer Name	
Return this form to the Department's Agreement Manager.	

Monthly Profit and Loss Statement for __September__ (month) __2020 __ (year) (due with each Monthly Report of Concessionaire's Total Grand Gross Sales)

	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 C	Comments:					×		
3	Comments:							
4 C	Comments:	<u> </u>	***********					
	Add a seco	ond page,	, as need	ed, to provide an	inclusive list of s	ervices, including	revenue from su	bcontractors.
5	Totals	:	0.00	0.00	0.00	0.00	0.00	\$0.00
		Prepared	by: Bre	nda Shirah				_
	(Capacity:	Manag	er	- Allahaman and an anata			
	Date S	Submitte	d:	11/4/	2020	· ·		
r	CERTIFICATI eceipts for Department	the perio	tify this a d covere	nnual profit and d and recorded in	loss statement is to the accounting re	true and correct a ecords available fo	nd is based upon or review/aud	actual gross it by the
	Signature	of Conc	essionair	e: <u>5</u> _	ed A	Dat	e:11/4	1/2020

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

Park: Ponce De Leon State Park Date: 12/4/2020			
Concessionaire Name: A & B ETC, INC	_		
Period Covered: From: November 1, 2020 To: Novembber 3	30, 2020		
Gross Sales			
Sale Location(s): Ponce De Leon State Park		57555 674 8843 (************************************	\$0.00
If there are multiple point of sale locations, please include the total sal	les for all locatio	ns 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.)	1,0	±	/
Other Payments (identify)For the incorrect Months(May thru Aug	ust)	+	
Use Tax (if applicable)		+_	
Total Monthly Compensation Due:		=_	\$0.00
CERTIFICATION: I certify that this monthly gross sales statement is true	ue and correct ar	nd is based upon ac 12/4/2020	tual
Signature of Concessionaire	Date	22/4/2020	
21 h		12/4/2020	
Signature of Preparer	Date	- 1	
Brenda Shirah	to representative		
Preparer Name			
Return this form to the Department's Agreement Manager.			

Monthly Profit and Loss Statement for __November__ (month) __2020 __ (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 Net Less **Less Cost** Operating Commissions Services Gross Sales Profit/Loss Taxes of Goods Sold Expenses Paid 0.00 0.00 \$0.00 0.00 0.00 1 Comments: 2 Comments: 3 Comments: 4 Comments: Add a second page, as needed, to provide an inclusive list of services, including revenue from subcontractors. 0.00 \$0.00 0.00 0.00 0.00 5 Prepared by: Brenda Shirah Capacity: Manager Date Submitted:_____12/4/2020_____ 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: 12/4/2020____

Park: Ponce De Leon State Park Date: 1/4/2021		
Concessionaire Name: A & B ETC, INC		
Period Covered: From: December 1, 2020 To: December 31, 2020		
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	ations on this line; ar	nd, list
Total Taxes Collected:	(F) (2)	\$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)	+_	
Use Tax (if applicable)	+ <u>-</u>	
Total Monthly Compensation Due:	= =	\$0.00
CERTIFICATION: I certify that this monthly gross sales statement is true and correct	et and is based upon a 1/4/2021	actual
Signature of Concessionaire Date		
712	4/4/2024	
Dd M	1/4/2021	
Signature of Preparer Date Brenda Shirah		
Preparer Name		
Return this form to the Department's Agreement Manager.		

Monthly Profit and Loss Statement for __December__ (month) __2021 __ (year) (due with each Monthly Report of Concessionaire's Total Grand Gross Sales)

	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
Co	omments:							
2		1800			2 <u>0.001.00225 - 10.0032 - 10.003</u> 23			
Co	omments:							
3								
	omments:	g		-	-			
4								
	omments:				·			
	Add a seco	nd nage	as need	ed, to provide an	inclusive list of se	ervices, including re	evenue from su	ocontractors.
1.9	Add a seco	na page,	as necu	cu, to provide un	i iliciasive ilse oi se			
5	Totals	:	0.00	0.00	0.00	0.00	0.00	\$0.00
		Prepared	bv: Brei	nda Shirah				
		8.5						
	(Capacity:	Manag	er	un vocation to			
		See Stand & Control of Art. S						
6	Date	Submitte	ed:	1/4/2	2021			
	Date ERTIFICATION	Submitte	ed:	1/4/2	2021loss statement is t	rue and correct and	d is based upon	actual gross
re	Date ERTIFICATION Eceipts for the epartment	Submitte ON: I cer the perio	ed: tify this a d covered	1/4/2	2021loss statement is to the accounting re		d is based upon	actual gross