Date:	02/15/2020
Jan 31, 2	020
	Gross Sales Subtotal
	3488
	2716
	435
	3780
	158
	. <u>La companya di Maria di Man</u>
	10577
	1587
	· ·
	250
	50
	1887
is true and the accoun	correct and is based up ting records for review,
	02/15/2020
Dat	re .
— Dat	02/15/2020 re
	is true and the accound

Park:	St Andrews		Date:	03/10/2020
Visitor Sea	rvice Provider Name: Paragon of	Florida		Special Company Mark Assessment Company
Period Co	vered: From Feb 1	то	Feb 29	9
Point of Sa	ale/Location of Cash Receipt			Gross Sales Subtotal
Jetty				\$5751
Carr	פו			\$3832
Laur	ndry			<b>\$607</b>
Ven	ding			\$156
penr	ny machine			\$48
Pon	toons			\$9064
Appendix and appearance despera	non-in-transport the replace of the transport of the tran			the state of the s
	additional space is required, attach se	cond sheet.		
Total Gros	s Saies			\$19458
Monthly C	Commission: Level Fee 15 % c	of Gross		\$2919
current ra	% of Monthly Commission te) see computation for prepaid ption on reverse side)			
	ments (identify) <u>lat 100 UTIL</u> 15 washers \$100, 3dryers \$90	0		\$250 \$50
Total Paya	ble			\$3219
Use Tax Ex CERTIFICA actual grow	ATION: I certify that this monthly sales ss receipts for the period covered and	s statement i recorded in t	s true and the account	ting records for review/aud
111				3/20/2020
alm	of Visitor Service Provider		Date	3/16/2020
Signature	of Adcountant	* -	Date	966 = 66

St Andrews	Date: 04/27/2020
Park.	on of Florida
713tto1 0017100 1107100 1	
Period Covered: FromMarch 1	To March 31
Point of Sale/Location of Cash Receipt	Gross Sales Subtotal
Jetty	\$ 5096
Camp	\$ 4396
Shell Island	\$ 5401
Vending	\$ 109
Pontoons	\$16359
	_
	had record choot
If additional space is required, at	\$31361
Total Gross Sales	¢ 4204 46
Monthly Commission: Level Fee 15	% of Gross
Use Tax:% of Monthly Commission current rate) see computation for preparation on reverse side)	on d
Other payments (identify) lot 100 U 5 washers \$100, 3dryers \$90	TIL_150 \$250 \$ 50
Total Payable	\$5004.15
Use Tax Exemptions CERTIFICATION: I certify that this montactual gross receipts for the period cover by the Department.  Signature of Visitor Service Provider	chly sales statement is true and correct and is based upon red and recorded in the accounting records for review/audit    1   2   2     Date
Signature of Accountant	4/27/20 Date

Park: St Andrews	Date:
Visitor Service Provider Name: Paragon of Florida	1
	To April31
Point of Sale/Location of Cash Receipt	Gross Sales Subtotal
Jetty	0
camp	0
	0
	0
	(
	1
To additional annual and added to account the	
If additional space is required, attach second sh Total Gross Sales	eec
Monthly Commission: Level Fee 15 % of Gross	
Jse Tax:% of Monthly Commission	
current rate) see computation for prepaid cood exemption on reverse side)	ş
Other payments (identify) Lot 100 Util 150 5 washers \$100, 3dryers \$90	\$250
Total Payable	\$250
Use Tax Exemptions CERTIFICATION: I certify that this monthly sales staten actual gross receipts for the period covered and recorde	
by the Department.	
Signature of Visitor Service Provider	07/02/2020 Date
Signature of Accountant	<u>07/02/2020</u>

Park: St Andrews	Date: 06-11-2020
Visitor Service Provider Name: Paragon of F	lorida
Period Covered: From May 1	To May 31
Point of Sale/Location of Cash Receipt	Gross Sales Subtota
Jetty	\$26,349
Camp	\$7633
Shell Island	\$23,054
Vending	\$150
penny machine	\$73
	-
If additional space is required, attach sec	
Total Gross Sales	\$57,259
Monthly Commission: Level Fee 15 % o	f Gross \$8589
Use Tax:% of Monthly Commission current rate) see computation for prepaid food exemption on reverse side)	· ·
Other payments (identify) Lot 100 Util 15 5 washers \$100, 3dryers \$90	0 <u>\$250</u> \$50
Total Payable	\$ 8889
Use Tax Exemptions CERTIFICATION: I certify that this monthly sales actual gross ecosits for the period covered and r	s statement is true and correct and is base
the Department	
( de	4/19/2
Signature of Visitor Service Provider	Date
and 91111	6/17/20
Signature of Accountant	Date /

- Carlotte	ate: <u>0</u> 7/16/2020 —
Visitor Service Provider Name: Paragon of Floida	
Period Covered: From	June 30
Point of Sale/Location of Cash Receipt	Gross Sales Subtotal
Jetty	\$ 65,680
Camp	\$ 29,143
Pier	\$ 11,743
Pontoon	\$162,713
Shell Island	<u>\$160,049</u>
Vending	<u>\$ 465</u>
Penny Machine	\$ 85
Laundry	\$ 440
Mary to the second of the seco	Annual Control of the
If additional space is required, attach second sheet.	¢420.240
Total Gross Sales	\$430,318 -
Monthly Commission: Level Fee 15 % of Gross	<u>\$ 64,548</u>
Use Tax:% of Monthly Commission current rate) see computation for prepaid food exemption on reverse side)	(181)
Other payments (identify) Lot 100 Uti 150 5 washers \$100, 3dryers \$90	\$ 250 \$ 50
Total Payable	<u>\$ 64.697</u>
Use Tax Exemptions CERTIFICATION: I certify that this monthly sales statement actual gross receipts for the period covered and recorded in by the Department.	is true and correct and is based upo the accounting records for review/
1 Solde	_07/16/2020
Signature of Visitor Service Provider	7/16/2020
Signature of Accountant	Date

Park:St Andrews	Date:	08/04/2020
Visitor Service Provider Name: Paragon of Florida		
Period Covered: From July 1 To J	uly 31	
Point of Sale/Location of Cash Receipt		Gross Sales Subtota
Jetty		65,405
Cam <u>p</u>		20,796
Pier		29,865
Shell Island		185,667
pontoon		89,423
penny machine		58
laundry		455
If additional space is required, attach second sheet.		391,669
Total Gross Sales  Monthly Commission: Level Fee 15 % of Gross		58,750
Monthly Commission. Level Fee		
Use Tax: % of Monthly Commission current rate) see computation for prepaid food exemption on reverse side)		
Other payments (identify) lot 100 UTIL 150		250
5 washers \$100, 3dryers \$90		_ <u>50</u>
Total Payable		59,050
Use Tax Exemptions CERTIFICATION: I certify that this monthly sales statement is actual gross receipts for the period covered and recorded in the by the Department.	true and ne accour	correct and is base ating records for rev
•	_0:	8/04/2020
Signature of Visitor Service Provider	Da	
Sunt (14141)	0	8/04/2020
Signature of Accountant	Da	te

Park: St. Andrews		Date: _	_09/01/2	020
Visitor Service Provider Name: Paragon of F	lorida			-
PeriodCovered:From08/01	То	_08/31/2	020	
Point of Sale/Location of Cash Receipt Gross	Sales S	ubtotal		
Jetty				44,791
Camp				21,230
Pier				8,551
Pontoon				75,264
Shell Island				117,594
Penny Machine				45
Vending				617
Laundry				283
If additional space is required, attach	secono	l sheet.		Proceed Complete Section 1997
Total Gross Sales				268,375
Monthly Commission: Level Fee 15	% of Gr	oss		40,256
Use Tax:% of Monthly Commission current rate) see computation for prepaid food exemption on reverse side)				-
Other payments (identify)lot 100 util	150			250
5 washers \$100, 3dryers \$90				50
Total Payable				40,556
Use Tax Exemptions CERTIFICATION: I certify that this monthly sa actual gross receipts for the period covered ar by the Department.	ales sta nd reco	tement is t rded in the	true and co	errect and is based upon ag records for review/aud
(1/6/			a	13/200
Signature of Visitor Service Provider			Date	. 5. 50 65
Sand MM)			91	13/2025 5/20
Signature of Accountant			Date	7

Park:StAn	drews	Date:	10/03/2020
Visitor Service Provid	er Name: Paragon of Florida	1	
Period Covered: From	n09/01 T	o09/30	
	of Cash Receipt Gross Sales		
Jetty			22,745
Camp			14,470
Pontoon			59,788
Shell Isla	nd		53,791
Penny m	achine		34
Laundry			95
vending			169
If additional s	pace is required, attach secor	nd sheet	151 002
Total Gross Sales			151,092
Monthly Commission:	Level Fee% of G	ross	22,664
Use Tax: ————————————————————————————————————	outation for prepaid		<del></del> 8
Other payments (iden	tify) <u>lot 100 util 1</u> 50		250
5 washers \$10	00, 3dryers \$90		50
Total Payable			
	rtify that this monthly sales st or the period covered and rec		
		_	
Signature of Visitor Se	rvice Provider	D	ate
Sund NY	<u> </u>	_	10/5/20
Signature of Accounta	nt	D	ate

Park:St.Andrew	'S		Date:	11/04/2020
Visitor Service Provider N	ame: Paragon of Flo	rida		-
Period Covered: From	10/01	Го	.10/31—	
Point of Sale/Location of Ca	ash Receipt Gross Sal	es Subt	otal	
Jetty				7,657
Camp				17.819
Pontoon				57971
Shell Island				66248
Penny machin	e			20
Laundry				330
vending				410
If additional space	is required, attach se	cond sh	ieet.	
Total Gross Sales				150,455
Monthly Commission: Leve	l Fee% (	of Gross		22,568.25
Use Tax: —— % of Month current rate) see computation on reverse	nl <b>y</b> Commission ion for prepaid			
Other payments (identify)		1		250
5 washers \$100, 30	tryers \$90			50
Total Payable Use Tax Exemptions				22,86.8.25
CERTIFICATION: I certify the actual gross receipts for the audit by the Department.	•			
Signature of Visitor Service	Provider		Γ	Date
Sand MM				1/4/20
Signature of Accountant			Г	Date

Park: St Andrews		Date: _	12/03/2020
Visitor Service Provider Name: Para	agon of Florida		
Period Covered: From11/01	То	11/30	
Point of Sale/Location of Cash Receipt		(	Gross Sales Subtotal
Jetty	_		11,393
Camp	<del></del> .		9581
Pontoon	_		_16,554
Vending			405
Penny Machine	_		_22
Laundry	_		_206
			**************************************
	==		
If additional space is required, at	tach second sheet.		A TOTAL CONTRACTOR
Total Gross Sales			_38,161
Monthly Commission: Level Fee 15	% of Gross		5724.15
Use Tax:% of Monthly Commissio current rate) see computation for prepaid food exemption on reverse side)			-
Other payments (identify) <u>lot 100uti</u> 5 washers \$100, 3dryers \$90	1150		_250 _50
Total Payable			6024.15
Use Tax Exemptions CERTIFICATION: I certify that this month actual gross receipts for the period covere by the Department.	aly sales statement is ed and recorded in th	true and co	orrect and is based uponing records for review/aud
Signature of Visitor Service Provider  Signature of Accountant	_	Date Date	2/3/20

Park: St Andrews		_Date: _	01/03/2021
Visitor Service Provider Name: Paragon of Florid	la		
Period Covered: FromT	°0,	12/31	
Point of Sale/Location of Cash Receipt		(	Gross Sales Subtotal
Jetty			5570
Camp			_4817
Pontoon			1150
Vending			88
Penny Machine			23
Laundry			_286
			-
If additional space is required, attach second she	eet.		
Total Gross Sales			_11,934
Monthly Commission: Level Fee 15 % of Gross			_1790.10
Use Tax:% of Monthly Commission current rate) see computation for prepaid food exemption on reverse side)			<del></del>
Other payments (identify) <u>lot 100util150</u> 5 washers \$100, 3dryers \$90			_250 50
Total Payable			2090.10
Use Tax Exemptions CERTIFICATION: I certify that this monthly sales statem actual gross receipts for the period covered and recorded by the Department.	ent is tr d in the	ue and o account	correct and is based upo ting records for review/a
			1/04/2021
Signature of Visitor Service Provider		Date	2
Stand (1111)	34		1/04/2021
Signature of Accountant		Date	e