| Concessionaire Name: Florida Caverns Gift Shop LLC | | |
|--|---------------------------------------|-----------------|
| Period Covered: From <u>December 1, 2021</u> To <u>December 3</u> | <u>1, 2021</u> | |
| Gross Sales | | |
| Sale Location: Gift Shop | | \$70,961.72 |
| If there are multiple point of sale locations, please include the tot | tal sales for all locations on t | this line; and, |
| list the name and total sales of each location on an attached seco | nd sheet. | |
| Subcontractor(s): None | + | \$0.00 |
| Subcontractor is defined in paragraph 11 of this Agreement. If the | ere are multiple subcontract | ors, please |
| include the total gross sales for all subcontractors on this line; and | d, list the name and total gro | oss sales of |
| each subcontractor on an attached second sheet. | | |
| Total Taxes Collected: | _ | \$4,784.26 |
| | | 34,764.20 |
| Total Funds from Concessionaire Employee Food Consumption | | \$0.00 |
| (No Longer Applicable) | | φο.σσ |
| Total Customer Refunds: # of Refunds: | 61 | 6044.4 |
| n of herands. | 01 | \$341.15 |
| Total Gross Sales | · · · · · · · · · · · · · · · · · · · | \$65,836.31 |
| | - | \$05,656.51 |
| Monthly Compensation | | |
| Monthly Commission ($\underline{6}$ % rate x Total Gross Sales) | • | \$3,950.18 |
| Chata Hay Total Control of the Contr | | |
| State Use Tax (% rate x Monthly Commission) | + | \$0.00 |
| State Use Tay Evennt Amount Amount of the Control | | |
| State Use Tax Exempt Amount (enter \$0.00 if not exempt) | - | \$0.00 |
| Monthly Vending Machine # of Machines: | | |
| # of Machines: | + | \$0.00 |
| Pass through fee Pavilion rentals | | ¢0.00 |
| | + | \$0.00 |
| Other Payments (identify) | + | \$0.00 |
| Total Monthly Compensation Due: | | |
| | = | \$3,950.18 |
| CERTIFICATION: I certify that this monthly gross sales statement is actual gross receipts for the period covered and recorded in the period covered in the period covered and recorded in the period covered in the | true and correct and is base | d upo |
| actual gross receipts for the period covered and recorded in the acreview/audit by the Department. | counting records available t | or |
| A CO | | |
| Ral /A | | |
| Signature of Concessionaire | | 1/5/2022 |
| Signature of Concessionaire | Date | |

Monthly Report of Concessionaire's Total Gross Sales (Due by the 5th of each month)

Concessionaire Name: Florida Caverns Gift Shop LLC From November 1, 2021 To November 30, 2021 Period Covered: **Gross Sales** \$87,363.50 Sale Location: Gift Shop 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. \$0.00 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. \$5,784.61 **Total Taxes Collected:** \$0.00 Total Funds from Concessionaire Employee Food Consumption (No Longer Applicable) 31 \$299.49 # of Refunds: **Total Customer Refunds:** \$81,279.40 **Total Gross Sales Monthly Compensation** \$4,876.76 Monthly Commission (6 % rate x Total Gross Sales) \$0.00 State Use Tax (____ % rate x Monthly Commission) \$0.00 State Use Tax Exempt Amount (enter \$0.00 if not exempt) \$0.00 # of Machines: Monthly Vending Machine \$0.00 Pass through fee Pavilion rentals \$0.00 Other Payments (identify) \$4,876.76 **Total Monthly Compensation Due:** 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. 12/2/2021 Date Signature of Concessionaire

EXHIBIT D

| Concessionaire Name: Florida Caverns Gift Shop L | LC | | |
|---|------------------------------------|------------|-----------------|
| Period Covered: From October 1, 2021 To | October 31, 2021 | | |
| Gross Sales | | | |
| Sale Location: Gift Shop | | | \$80,928.57 |
| If there are multiple point of sale locations, please | include the total sales for all lo | cations on | this line; and, |
| list the name and total sales of each location on an | attached second sheet. | | |
| Subcontractor(s): None | | + | \$0.00 |
| Subcontractor is defined in paragraph 11 of this Ag | reement. If there are multiple | subcontrac | tors, please |
| include the total gross sales for all subcontractors | | | |
| each subcontractor on an attached second sheet. | | | |
| Tatal Taylor Callerted | | | ÅE 22E 47 |
| Total Taxes Collected: | | | \$5,325.17 |
| | | | |
| Total Funds from Concessionaire Employee Food C | onsumption | - | \$0.00 |
| (No Longer Applicable) | | | |
| Total Customer Refunds: | # of Refunds: | 53 | \$947.64 |
| | | | |
| Total Gross Sales | | = | \$74,655.76 |
| | | | |
| Monthly Compensation | | | |
| Monthly Commission (<u>6</u> % rate x Total Gross Sale | s) | | \$4,479.35 |
| | | | |
| State Use Tax (% rate x Monthly Commission) | | + | \$0.00 |
| | | | |
| State Use Tax Exempt Amount (enter \$0.00 if not e | exempt) | - | \$0.00 |
| | | | |
| Monthly Vending Machine # 0 | of Machines: | + | \$0.00 |
| | | | |
| Pass through fee Pavilion rentals | | + | \$0.00 |
| Other Payments (identify) | | + | \$0.00 |
| , | | | |
| Total Monthly Compensation Due: | | = | \$4,479.35 |
| 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. | | | |
| | | | |
| K/ Or | | | 11/4/2021 |
| Signature of Concessionaire | | Date | 11/4/2021 |
| o.b. acare or concessionale | | Date | |

EXHIBIT D

| Concessionaire Name: Florida Caverns Gift Period Covered: From September 1, 202 | | | |
|--|---|---|-------------------------------|
| Gross Sales | 21 To <u>September 31, 2021</u> | | |
| Sale Location: Gift Shop If there are multiple point of sale locations, list the name and total sales of each locatio | please include the total sales in on an attached second sheet | for all locations on th | \$66,039.17 nis line; and, |
| Subcontractor is defined in page 144. | | + | \$0.00 |
| Subcontractor is defined in paragraph 11 of include the total gross sales for all subcontreactor on an attached second se | actors on this line; and, list the | nultiple subcontractors name and total gro | ors, please ss sales of |
| Total Taxes Collected: | | | \$4,424.64 |
| Total Funds from Concessionaire Employee (No Longer Applica | Food Consumption ble) | | \$0.00 |
| Total Customer Refunds: | # of Refunds: | 19 | \$334.14 |
| Total Gross Sales | | = | \$61,280.39 |
| Monthly Compensation Monthly Commission ($\underline{6}$ % rate x Total Gro | cs Colos) | | |
| y state x lotal dio. | ss sales) | | \$3,676.82 |
| State Use Tax (% rate x Monthly Commi | ssion) | + | \$0.00 |
| State Use Tax Exempt Amount (enter \$0.00 i | f not exempt) | | \$0.00 |
| Monthly Vending Machine | # of Machines: | + | \$0.00 |
| Pass through fee Pavilion rentals | | + | \$0.00 |
| Other Payments (identify) | | + | \$0.00 |
| Total Monthly Compensation Due: | | = | \$3,676.82 |
| CERTIFICATION: I certify that this monthly gro | oss sales statement is true and | correct and is based | l upo |
| actual gross receipts for the period covered a review/audit by the Department. | and recorded in the accounting | g records available fo | or |
| | | | |
| Da III | | | 10/7/2021 |
| Signature of Concessionaire | | Date | 10///2021 |

EXHIBIT D

| Concessionaire Name: Florida Caverns Gift S | Shop LLC | | |
|---|--|-----------------------|----------------|
| Period Covered: From August 1, 2021 | To August 31, 2021 | | |
| <u>Gross Sales</u> | | | |
| Sale Location: Gift Shop | | | \$88,154.68 |
| If there are multiple point of sale locations, p | | | his line; and, |
| list the name and total sales of each location | on an attached second shee | t. | |
| Subcontractor(s): None | The state of the s | + | \$0.00 |
| Subcontractor is defined in paragraph 11 of | | | |
| include the total gross sales for all subcontra | | e name and total gro | ss sales of |
| each subcontractor on an attached second s | neet. | | |
| Total Taxes Collected: | | _ | \$5,956.10 |
| | | | |
| Total Funds from Concessionaire Employee F | • | <u>-</u> | \$0.00 |
| (No Longer Applical | ole) | | |
| Total Customer Refunds: | # of Refunds: | 32 | \$427.04 |
| | | | |
| Total Gross Sales | | = | \$81,771.54 |
| | | | |
| Monthly Compensation | | | |
| Monthly Commission (<u>6</u> % rate x Total Gros | ss Sales) | | \$4,906.29 |
| State Use Tax (% rate x Monthly Commis | | | |
| state use rax (% rate x Monthly Commis | ssion) | + | \$0.00 |
| State Use Tax Exempt Amount (enter \$0.00 i | f not exempt) | | \$0.00 |
| | . Hot exempty | | Ş0.00 |
| Monthly Vending Machine | # of Machines: | + | \$0.00 |
| | | | |
| Pass through fee Pavilion rentals | | + | \$0.00 |
| Other Payments (identify) | | | ¢0.00 |
| other rayments (identify) | | + | \$0.00 |
| Total Monthly Compensation Due: | | = | \$4,906.29 |
| CERTIFICATION: I certify that this monthly gro | oss sales statement is true an | d correct and is base | |
| actual gross receipts for the period covered | | | |
| eview/audit by the Department. | | | |
| | | | |
| Dd (OR | | | 9/3/2021 |
| Signature of Concessionaire | | Date | |

EXHIBIT D

| Concessionaire Name: Florida Caverns Gift Shop Period Covered: From July 1, 2021 To July | | | |
|--|--------------------------|----------------------|-----------------|
| Gross Sales | | | |
| Sale Location: Gift Shop | | | \$183,699.55 |
| If there are multiple point of sale locations, please | | | this line; and, |
| list the name and total sales of each location on a | n attached second sheet | | |
| Subcontractor(s): None | | + | \$0.00 |
| Subcontractor is defined in paragraph 11 of this A | | | |
| include the total gross sales for all subcontractors each subcontractor on an attached second sheet. | | name and total gr | oss sales of |
| Total Taxes Collected: | | | \$11,018.17 |
| Total Funds from Concessionaire Employee Food (No Longer Applicable) | Consumption | | \$0.00 |
| Total Customer Refunds: | # of Refunds: | 60 | \$1,203.43 |
| Total Gross Sales | | = | \$171,477.95 |
| Monthly Compensation Monthly Commission (6 % rate x Total Gross Sal | les) | | \$10,288.68 |
| State Use Tax (% rate x Monthly Commission |) | + | \$0.00 |
| State Use Tax Exempt Amount (enter \$0.00 if not | exempt) | | \$0.00 |
| Monthly Vending Machine | of Machines: | + | \$0.00 |
| Pass through fee Pavilion rentals | | + | \$0.00 |
| Other Payments (identify) | | + | \$0.00 |
| Total Monthly Compensation Due: | | = | \$10,288.68 |
| CERTIFICATION: I certify that this monthly gross s | | | |
| actual gross receipts for the period covered and | recorded in the accounti | ng records available | e for |
| review/audit by the Department. | | | |
| BAZ | | | 8/4/2021 |
| Signature of Concessionaire | | Date | |

EXHIBIT D

| Concessionaire Name: Florida Caverns Gift Shop LL | <u>C</u> | | |
|---|----------------------------|---------------------|-----------------|
| Period Covered: From June 1, 2021 To June | 30, 2021 | | |
| Gross Sales | | | |
| Sale Location: Gift Shop | | | \$141,360.66 |
| If there are multiple point of sale locations, please i | nclude the total sales for | or all locations on | this line; and, |
| list the name and total sales of each location on an | attached second sheet. | | |
| Subcontractor(s): None | | + | \$0.00 |
| Subcontractor is defined in paragraph 11 of this Agr | reement. If there are m | ultiple subcontrac | tors, please |
| include the total gross sales for all subcontractors of | n this line; and, list the | name and total gr | oss sales of |
| each subcontractor on an attached second sheet. | | | |
| Total Tayor Callastad. | | | ¢0 E04 66 |
| Total Taxes Collected: | | - | \$9,504.66 |
| Total Funds from Concessionaire Employee Food Co (No Longer Applicable) | onsumption | | \$0.00 |
| Total Customer Refunds: | # of Refunds: | 33 | \$811.79 |
| | | | |
| Total Gross Sales | | | \$131,044.21 |
| | | | |
| Monthly Compensation | | | ć7.062.6E |
| Monthly Commission (<u>6</u> % rate x Total Gross Sales |) | | \$7,862.65 |
| State Use Tax (% rate x Monthly Commission) | | + | \$0.00 |
| ocace obe ran (/orace n monemy commission) | | | 90.00 |
| State Use Tax Exempt Amount (enter \$0.00 if not ex | xempt) | _ | \$0.00 |
| | | | |
| Monthly Vending Machine # o | f Machines: | + | \$0.00 |
| | | | |
| Pass through fee Pavilion rentals | | + | \$0.00 |
| Other Dayments (identify) | | | ¢0.00 |
| Other Payments (identify) | | * | \$0.00 |
| Total Monthly Compensation Due: | | = | \$7,862.65 |
| 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 re- | corded in the accountin | g records available | e for |
| review/audit by the Department. | | | |
| | | | |
| FSC1 (| | | 7/5/2021 |
| Signature of Concessionaire | | Date | |

| Concessionaire Name: Florida Caverns Gift S | Shop LLC | | |
|--|-----------------------------------|----------------------|----------------|
| Period Covered: From May 1, 2021 To | May 31, 2021 | | |
| Gross Sales | | | |
| Sale Location: Gift Shop | | | \$94,693.09 |
| If there are multiple point of sale locations, p | | | his line; and, |
| list the name and total sales of each location | on an attached second sheet | t. | |
| Subcontractor(s): None | | + | \$0.00 |
| Subcontractor is defined in paragraph 11 of the include the total gross sales for all subcontractor on an attached second | ctors on this line; and, list the | | |
| Total Taxes Collected: | | - | \$6,175.44 |
| Total Funds from Concessionaire Employee F (No Longer Applicate) | · · | | \$0.00 |
| Total Customer Refunds: | # of Refunds: | 18 | \$268.53 |
| Total Gross Sales | | = | \$88,249.12 |
| Monthly Compensation | | | |
| Monthly Commission (<u>6</u> % rate x Total Gros | ss Sales) | | \$5,294.95 |
| State Use Tax (% rate x Monthly Commis | ssion) | + | \$0.00 |
| State Use Tax Exempt Amount (enter \$0.00 in | f not exempt) | _ | \$0.00 |
| Monthly Vending Machine | # of Machines: | + | \$0.00 |
| Pass through fee Pavilion rentals | | + | \$0.00 |
| Other Payments (identify) | | + | \$0.00 |
| otal Monthly Compensation Due: | | | \$5,294.95 |
| CERTIFICATION: I certify that this monthly gro | | | |
| ctual gross receipts for the period covered a eview/audit by the Department. | and recorded in the accountir | ng records available | for |
| | | | |
| 50/ | | | 6/4/2021 |
| ignature of Concessionaire | | Date | |

Monthly Report of Concessionaire's Total Gross Sales (Due by the 5th of each month)

Concessionaire Name: Florida Caverns Gift Shop LLC Period Covered: From April 1, 2021 To April 30, 2021 **Gross Sales** \$67,306.67 Sale Location: Gift Shop 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. \$0.00 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. \$4,562.30 **Total Taxes Collected:** \$0.00 Total Funds from Concessionaire Employee Food Consumption (No Longer Applicable) 16 \$338.60 # of Refunds: **Total Customer Refunds:** \$62,405.77 **Total Gross Sales Monthly Compensation** \$3,744.35 Monthly Commission (6 % rate x Total Gross Sales) \$0.00 State Use Tax (____ % rate x Monthly Commission) \$0.00 State Use Tax Exempt Amount (enter \$0.00 if not exempt) \$0.00 # of Machines: Monthly Vending Machine \$0.00 Pass through fee Pavilion rentals \$0.00 Other Payments (identify) \$3,744.35 **Total Monthly Compensation Due:** 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. 5/3/2021

Signature of Concessionaire

Date

EXHIBIT D

| Concessionaire Name: Florida Caverns Gift Shop | LLC | | |
|--|-----------------------------------|--------------------|--------------|
| Period Covered: From March 1, 2021 To | March 31, 2021 | | |
| Gross Sales | | | |
| Sale Location: Gift Shop | | | \$76,199.79 |
| If there are multiple point of sale locations, plea | se include the total sales for | all locations on t | |
| list the name and total sales of each location on | an attached second sheet. | | |
| Subcontractor(s): None | | + | \$0.00 |
| Subcontractor is defined in paragraph 11 of this | Agreement. If there are mult | tiple subcontract | |
| include the total gross sales for all subcontractor | rs on this line; and, list the na | ame and total gr | oss sales of |
| each subcontractor on an attached second sheet | t. | Ö | |
| Total Taxes Collected: | | | ĠE 426.20 |
| Total Taxes concercu. | | - | \$5,136.20 |
| Total Funds from Concessionaire Employee Food (No Longer Applicable) | l Consumption | - | \$0.00 |
| Total Customer Refunds: | # of Refunds: | 8 | \$118.61 |
| Total Gross Sales | | = | \$70,944.98 |
| | | | 4 |
| Monthly Compensation | | | |
| Monthly Commission (<u>6</u> % rate x Total Gross Sa | iles) | | \$4,256.70 |
| State Use Tax (% rate x Monthly Commission | -1 | | |
| State Ose Tax (% Tate x Monthly Commission | 1) | + | \$0.00 |
| State Use Tax Exempt Amount (enter \$0.00 if not | t exempt) | - | \$0.00 |
| Monthly Vanding Machine | | | |
| Monthly Vending Machine | # of Machines: | + | \$0.00 |
| Pass through fee Pavilion rentals | | + | \$0.00 |
| - | | т | 30.00 |
| Other Payments (identify) | | + | \$0.00 |
| Total Monthly Compensation Due: | | = | \$4,256.70 |
| CERTIFICATION: I certify that this monthly gross s | ales statement is true and co | orrect and is base | ed upo |
| actual gross receipts for the period covered and | recorded in the accounting r | ecords available | for |
| review/audit by the Department. | | | |
| | | | |
| St OC | | | 4/4/2021 |
| Signature of Concessionaire | | Date | |

EXHIBIT D

| Concessionaire Name: Florida Caverns Gift Shop | LLC | | |
|--|--|--------------------|----------------|
| Period Covered: From Febuary 1, 2021 To | Febuary 28, 2021 | | |
| <u>Gross Sales</u> | | | |
| Sale Location: Gift Shop | | | \$18,438.63 |
| If there are multiple point of sale locations, pleas | | I locations on the | his line; and, |
| list the name and total sales of each location on a | an attached second sheet. | | |
| Subcontractor(s): None | the state of the s | + | \$0.00 |
| Subcontractor is defined in paragraph 11 of this A | Agreement. If there are multip | le subcontracto | ors, please |
| include the total gross sales for all subcontractor | s on this line; and, list the nam | ne and total gro | ss sales of |
| each subcontractor on an attached second sheet | • | | |
| Total Tayon Callastad | | | ć4 207 74 |
| Total Taxes Collected: | | _ | \$1,307.71 |
| Total Funds from Concessionaire Employee Food (No Longer Applicable) | Consumption | - | \$0.00 |
| Total Customer Refunds: | # of Defender | - | ć 42.2F |
| Total Customer Refunds: | # of Refunds: | 5 | \$43.25 |
| Total Gross Sales | | = | \$17,087.67 |
| | | | |
| Monthly Compensation | | | |
| Monthly Commission (<u>6</u> % rate x Total Gross Sa | les) | | \$1,025.26 |
| State Use Tax (% rate x Monthly Commission | .1 | | \$0.00 |
| State Ose Tax (% Tate x Monthly Commission | ') | + | \$0.00 |
| State Use Tax Exempt Amount (enter \$0.00 if not | t exempt) | _ | \$0.00 |
| (| | | 75.55 |
| Monthly Vending Machine | # of Machines: | + | \$0.00 |
| | | | |
| Pass through fee Pavilion rentals | | + | \$0.00 |
| Other Permants (identify) | | - | ¢0.00 |
| Other Payments (identify) | ************************************** | + | \$0.00 |
| Total Monthly Compensation Due: | | = | \$1,025.26 |
| CERTIFICATION: I certify that this monthly gross s | sales statement is true and cor | rect and is has | •• |
| actual gross receipts for the period covered and recorded in the accounting records available for | | | |
| review/audit by the Department. | recorded in the decounting re | co. ao avanabie | |
| | | | |
| SA (R | | | 0 /4 /2 02 : |
| Circulation of Comments of Com | | | 3/4/2021 |
| Signature of Concessionaire | | Date | |



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

Concessionaire Name: Florida Caverns Gift Shop LLC Period Covered: From January 1, 2021 To January 31, 2021 **Gross Sales** Sale Location: Gift Shop \$45,390.64 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 \$0.00 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: \$3,098.95 Total Funds from Concessionaire Employee Food Consumption \$0.00 (No Longer Applicable) Total Customer Refunds: # of Refunds: 9 \$234.84 **Total Gross Sales** \$42,056.85 Monthly Compensation Monthly Commission (6 % rate x Total Gross Sales) \$2,523.41 State Use Tax (____ % rate x Monthly Commission) \$0.00 State Use Tax Exempt Amount (enter \$0.00 if not exempt) \$0.00 Monthly Vending Machine # of Machines: \$0.00 Pass through fee Pavilion rentals \$0.00 Other Payments (identify) \$0.00 **Total Monthly Compensation Due:** \$2,523.41 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. 2/3/2021 ignature of Concessionaire Date