### **EXHIBIT D**

Concessionaire Name: Florida Caverns Gi	ft Shop LLC		
Period Covered: From <u>December 1, 20</u>	22 To <u>December 31, 2022</u>		
<u>Gross Sales</u>			
Sale Location: Gift Shop			\$59,770.52
If there are multiple point of sale location	s, please include the total sales for	all locations o	on this line; and,
list the name and total sales of each locat	ion on an attached second sheet.		
Subcontractor(s): None		+	\$0.00
Subcontractor is defined in paragraph 11 include the total gross sales for all subconteach subcontractor on an attached second	tractors on this line; and, list the n	tiple subcontra ame and total	actors, please gross sales of
Total Taxes Collected:		-	\$4,280.54
Total Funds from Concessionaire Employe (No Longer Appli		æ	\$0.00
Total Customer Refunds:	# of Refunds:	19	\$935.15
Total Gross Sales		=	\$54,554.83
Monthly Compensation			
Monthly Commission ( $\underline{6}$ % rate x Total G	ross Sales)		\$3,273.29
State Use Tax ( % rate x Monthly Com	mission)	+	\$0.00
State Use Tax Exempt Amount (enter \$0.0	0 if not exempt)	-	\$0.00
Monthly Vending Machine	# of Machines:	+	\$0.00
Pass through fee Pavilion rentals		+	\$0.00
Other Payments (identify)		+	\$0.00
	CREDIT FROM OCTOBER 2022	-	-\$18.48
	EDIT FROM NOVEMBER 2022	-	-\$38.78
Total Monthly Compensation Due:		=	\$3,216.03
CERTIFICATION: I certify that this monthly	gross sales statement is true and c	orrect and is b	ased upo
actual gross receipts for the period covere eview/audit by the Department.	ed and recorded in the accounting i	records availab	ole for
Rd m			
ignature of Concessionaire	<del></del>	Date	1/3/2023
g o. oonocoononan		LISTA	

# DEP Agreement No. CA-1616 EXHIBIT D - REVISED 01/03/2023

Concessionaire Name: Florida Caverns Gi	ft Shop LLC		
Period Covered: From November 1, 20	022 To <u>November 30, 2022</u>	2	
<u>Gross Sales</u>			
Sale Location: Gift Shop			\$64,817.64
If there are multiple point of sale location	s, please include the total sale	s for all locations on	this line; and,
list the name and total sales of each locat			
Subcontractor(s): None		+	\$0.00
Subcontractor is defined in paragraph 11	of this Agreement. If there are	multiple subcontrac	
include the total gross sales for all subcon	tractors on this line; and, list the	he name and total gr	oss sales of
each subcontractor on an attached second	d sheet.	g.	
Total Taxes Collected:			44-04-0-
Total Taxes Collected.		-	\$4,594.95
Total Funds from Concessionaire Employe	e Food Consumption		\$0.00
(No Longer Appli		-	\$0.00
,			
Total Customer Refunds:	# of Refunds:	19	\$1,174.74
Total Gross Sales			450.047.05
70tal 01033 Jule3		=	\$59,047.95
Monthly Compensation			
Monthly Commission ( $\frac{6}{6}$ % rate x Total G	ross Sales)		\$3,542.88
· <del>-</del>	,		<b>73,3 12.00</b>
State Use Tax ( % rate x Monthly Com	mission)	+	\$0.00
State Use Tax Exempt Amount (enter \$0.0	0 if not exempt)		\$0.00
Monthly Vending Machine	# of Machines:	+	\$0.00
Pass through fee Pavilion rentals			
rass through fee ravillon fentals		+	\$0.00
Other Payments (identify)		+	\$0.00
	Prior Payment	-	-\$3,581.66
Total Monthly Compensation Due:	(CREDIT)	=	-\$38.78
CERTIFICATION: I certify that this monthly	gross sales statement is true a	nd correct and is bas	ed upo
actual gross receipts for the period cover $\mathfrak e$	ed and recorded in the account	ting records available	for
review/audit by the Department.			
3 /			
pa on			12/5/2022
Signature of Concessionaire		Date	. , = = = =

# EXHIBIT D - REVISED 01/03/2023

Concessionaire Name: Florida Caverns	s Gift Shop LLC			
Period Covered: From October 1, 20	022 To <u>October 31, 2022</u>			
<u>Gross Sales</u>				
Sale Location: Gift Shop				\$76,185.59
If there are multiple point of sale locat	ions, please include the total sales for	all locatio	ns on	this line; and,
list the name and total sales of each lo	cation on an attached second sheet.			
Subcontractor(s): None	198		+	\$0.00
Subcontractor is defined in paragraph:	11 of this Agreement. If there are mul	tiple subco	ontrac	tors, please
include the total gross sales for all subo	contractors on this line; and, list the n	ame and to	otal gr	oss sales of
each subcontractor on an attached sec	cond sheet.			
Total Taxes Collected:			_	\$5,405.53
	85 W			<b>43,403.33</b>
Total Funds from Concessionaire Emplo	oyee Food Consumption		-	\$0.00
(No Longer Ap	•			
Total Customer Refunds:	# of Refunds:	23		\$479.25
Total customer herunus.	# Of Refullus.	23		3479.23
Total Gross Sales			=	\$70,300.81
				,, <u>.</u>
Monthly Compensation				
Monthly Commission ( $\underline{6}$ % rate x Tota	al Gross Sales)			\$4,218.05
State Use Tax ( % rate x Monthly Co	ommission)		+	\$0.00
State Hea Tay Francist Access 1/2	20.00 %			4
State Use Tax Exempt Amount (enter \$	0.00 if not exempt)		-	\$0.00
Monthly Vending Machine	# of Machines:			¢0.00
wionany vending wachine	# Of Macilities.		+	\$0.00
Pass through fee Pavilion rentals			+	\$0.00
Other Payments (identify)	Drie v Decure auch		+	\$0.00
Total Monthly Compensation Due:	Prior Payment		_	-\$4,236.53
- ·	(CREDIT)		=	-\$18.48
CERTIFICATION: I certify that this mont actual gross receipts for the period cov				
review/audit by the Department.	vered and recorded in the accounting	records av	allable	E 101
and by the bepartment.				
$\mathbb{Z} A \mathcal{O}$				4 10 1000
Signature of Concessionaire		-	)-4·	1/3/2023
Signature of Concessionaire			Date	

### **EXHIBIT D**

Concessionaire Name: Florida Caverns Gift She Period Covered: From November 1, 2022 Gross Sales		2	
Sale Location: Gift Shop			\$64,817.64
If there are multiple point of sale locations, ple	ease include the total sale	s for all locations	on this line; and,
list the name and total sales of each location o	n an attached second she	et.	
Subcontractor(s): None	×	+	\$0.00
Subcontractor is defined in paragraph 11 of thi	is Agreement. If there are	multiple subconti	actors, please
include the total gross sales for all subcontract each subcontractor on an attached second she	et.	ne name and total	gross sales of
Total Taxes Collected:		-	\$4,594.95
Total Funds from Concessionaire Employee Foo (No Longer Applicable		-	\$0.00
Total Customer Refunds:	# of Refunds:	665	\$528.30
Total Gross Sales		_ =	\$59,694.39
Monthly Compensation  Monthly Commission ( 6 % rate x Total Gross :	Sales)		¢2.504.66
y commission ( <u>o</u> you dee x Total Gloss )	Jaies)		\$3,581.66
State Use Tax ( % rate x Monthly Commission	on)	+	\$0.00
State Use Tax Exempt Amount (enter \$0.00 if n	ot exempt)	i-	\$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:		=	\$3,581.66
CERTIFICATION: I certify that this monthly gross actual gross receipts for the period covered and review/audit by the Department.	d recorded in the account	nd correct and is t ing records availa	based upo ble for
Bud &			12/5/2022
Signature of Concessionaire	_	 Date	12/5/2022
		Date	

#### **EXHIBIT D**

Concessionaire Name: Florida Caverns Gift S Period Covered: From October 1, 2022 Gross Sales	<del></del>		
Sale Location: Gift Shop			\$76,185.59
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			
Subcontractor(s): None			\$0.00
Subcontractor is defined in paragraph 11 of	this Agraement If there are n	T nultiple subceptrac	• 0 000 (00000000
		-	
include the total gross sales for all subcontra		e name and total gi	OSS Sales Of
each subcontractor on an attached second s	neet.		
Total Taxes Collected:		-	\$5,405.53
Total Funds from Concessionaire Employee F		-	\$0.00
Total Customer Refunds:	# of Refunds:	331	\$171.20
Total Customer Netunus.	# Of Refunds.	331	\$171.20
Total Gross Sales		_	¢70 c00 0c
Total Gross Sales		= 1	\$70,608.86
Monthly Compensation  Monthly Commission ( 6 % rate x Total Gro	ss Sales)		\$4,236.53
State Use Tax ( % rate x Monthly Commi	ssion)	+	\$0.00
State Use Tax Exempt Amount (enter \$0.00 i	f not exempt)	-	\$0.00
8			
Monthly Vending Machine	# of Machines:	+	\$0.00
Pass through fee Pavilion rentals		+	\$0.00
Other Payments (identify)		+	\$0.00
* 101			
Total Monthly Compensation Due:		=	\$4,236.53
CERTIFICATION: I certify that this monthly gr	oss sales statement is true an	d correct and is bas	sed upo
actual gross receipts for the period covered	and recorded in the accounti	ng records available	e for
review/audit by the Department.			
$\leq 1 m$			11/4/2022
Signature of Concessionaire		Date	11/4/2022
Signature of Concessionalie		Date	

#### **EXHIBIT D**

Concessionaire Name: Florida Caverns G				
Period Covered: From <u>September 1, 2</u> <u>Gross Sales</u>	2022 To <u>September 30, 2022</u>	-		
Sale Location: Gift Shop			\$86,904.99	
If there are multiple point of sale location	ns inlease include the total sales for	r all locations on t		
list the name and total sales of each loca	-	an locations on t	ms me, ana,	
Subcontractor(s): None		_	\$0.00	
Subcontractor is defined in paragraph 11	of this Agreement If there are mul	T Itinle subcontract	•	
include the total gross sales for all subco		•	•	
each subcontractor on an attached secon		anno anna total gri		
T. 17 - 0 11-1-1				
Total Taxes Collected:		-	\$6,171.63	
Total Funds from Concessionaire Employ (No Longer Appl	•	-	\$0.00	
Total Customer Refunds:	# of Refunds:	23	\$539.26	
Total Gross Sales		=	\$80,194.10	
Monthly Compensation  Monthly Commission ( 6 % rate x Total 6	Gross Sales)		\$4,811.65	
State Use Tax ( % rate x Monthly Con	nmission)	+	\$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	
	Overpayment 9/06/22	-	\$43.94	
<b>Total Monthly Compensation Due:</b>		=	\$4,767.71	
CERTIFICATION: I certify that this monthly	gross sales statement is true and o	correct and is base	ed upo	
actual gross receipts for the period covered and recorded in the accounting records available for				
review/audit by the Department.				
Bd on			10/3/2022	
Signature of Concessionaire		Date	,-,	

# EXHIBIT D - REVISED 10/03/2022

- Florida Cav			
	L, 2022 To August 31, 2022		
Gross Sales			
Sale Location: Gift Shop			\$101,994.25
If there are multiple point of sale I	ocations, please include the total sales fo	r all locations o	n this line; and,
list the name and total sales of each	ch location on an attached second sheet.		
Subcontractor(s): None		+	\$0.00
Subcontractor is defined in paragra include the total gross sales for all each subcontractor on an attached	aph 11 of this Agreement. If there are mu subcontractors on this line; and, list the r d second sheet.	Iltiple subcontra	actors, please gross sales of
Total Taxes Collected:		-	\$7,345.00
Total Funds from Concessionaire E (No Longe	mployee Food Consumption er Applicable)	1500	\$0.00
Total Customer Refunds:	# of Refunds:	40	\$974.32
Total Gross Sales		=	\$93,674.93
Monthly Compensation			
Monthly Commission ( <u>6</u> % rate x	Total Gross Sales)		\$5,620.50
State Use Tax (% rate x Month	ly Commission)	+	\$0.00
State Use Tax Exempt Amount (ent	ter \$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
	Prior payment 9/6/22:	_	\$5,664.44
Total Monthly Compensation Due:		=	(\$43.94)
CERTIFICATION: I certify that this m	nonthly gross sales statement is true and	correct and is b	
actual gross receipts for the perioc	d covered and recorded in the accounting	records availab	ole for
review/audit by the Department.			
Bd on			10/3/2022
Signature of Concessionaire		Date	

### EXHIBIT D - REVISED 9/13/2022

Concessionaire Name: Florida Caverns Gift Shop Period Covered: From August 1, 2022 To Gross Sales			
Sale Location: Gift Shop			\$101,994.25
If there are multiple point of sale locations, pleas	e include the total sales fo	or all locations	
list the name and total sales of each location on a			
Subcontractor(s): None			+ \$0.00
Subcontractor is defined in paragraph 11 of this A	Agreement. If there are mu	ıltiple subcont	ractors, please
include the total gross sales for all subcontractors	s on this line; and, list the	name and tota	al gross sales of
each subcontractor on an attached second sheet.			
Total Taxes Collected:		,	- \$7,345.00
Total Funds from Concessionaire Employee Food (No Longer Applicable)	Consumption		- \$0.00
Total Customer Refunds:	# of Refunds:	576	\$438.07
Total Gross Sales		=	\$94,211.18
<b>Monthly Compensation</b>			
Monthly Commission ( <u>6</u> % rate x Total Gross Sal	es)		\$5,652.67
Chatallas Taylor Of the Month of			201
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)		4	\$0.00
	ior payment 9/6/22:		÷ \$5,664.44
<b>Total Monthly Compensation Due:</b>		=	(\$11.77)
CERTIFICATION: I certify that this monthly gross sa	ales statement is true and	correct and is	
actual gross receipts for the period covered and r			
review/audit by the Department.			
ISA M			9/13/2022
Signature of Concessionaire		Date	e

### **EXHIBIT D**

Concessionaire Name: Florida Caverns Gift Shop L	<u>LC</u>			
Period Covered: From August 1, 2022 To A	ugust 31, 20	22		
Gross Sales				
Sale Location: Gift Shop				\$102,092.30
If there are multiple point of sale locations, please			ons on t	his line; and,
list the name and total sales of each location on ar	n attached se	cond sheet.		
Subcontractor(s): None			+	\$0.00
Subcontractor is defined in paragraph 11 of this Ag				
include the total gross sales for all subcontractors	on this line;	and, list the name and	total gro	oss sales of
each subcontractor on an attached second sheet.				
Total Taxes Collected:			70=0	\$7,246.95
Total Taxes Collected.				ψ7, <u>2</u> 40.33
Total Funds from Concessionaire Employee Food (No Longer Applicable)	Consumption		n <del></del>	\$0.00
Total Customer Refunds:	# of Refun	ds: 576		\$438.07
Total Gross Sales			=	\$94,407.28
Monthly Compensation				
Monthly Commission ( <u>6</u> % rate x Total Gross Sale	es)			\$5,664.44
				40.00
State Use Tax ( % rate x Monthly Commission)			+	\$0.00
0				\$0.00
State Use Tax Exempt Amount (enter \$0.00 if not	exempt)		-	\$0.00
Monthly Vending Machine #	of Machines	•	+	\$0.00
Working vending Machine #	Of Macrilles	•	i <b>ss</b> ii	\$0.00
Pass through fee Pavilion rentals			+	\$0.00
1 ass through ree ravinon remais				***
Other Payments (identify)			+	\$0.00
				45.664.44
Total Monthly Compensation Due:			=	\$5,664.44
CERTIFICATION: I certify that this monthly gross sa				
actual gross receipts for the period covered and r	ecorded in t	he accounting records a	available	tor
review/audit by the Department.				
21		9		
De COL			18	9/6/2022
Signature of Concessionaire			Date	

# EXHIBIT D - REVISED 10/03/2022

- Florida Cav			
	L, 2022 To August 31, 2022		
Gross Sales			
Sale Location: Gift Shop			\$101,994.25
If there are multiple point of sale I	ocations, please include the total sales fo	r all locations o	n this line; and,
list the name and total sales of each	ch location on an attached second sheet.		
Subcontractor(s): None		+	\$0.00
Subcontractor is defined in paragra include the total gross sales for all each subcontractor on an attached	aph 11 of this Agreement. If there are mu subcontractors on this line; and, list the r d second sheet.	Iltiple subcontra	actors, please gross sales of
Total Taxes Collected:		-	\$7,345.00
Total Funds from Concessionaire E (No Longe	mployee Food Consumption er Applicable)	1500	\$0.00
Total Customer Refunds:	# of Refunds:	40	\$974.32
Total Gross Sales		=	\$93,674.93
Monthly Compensation			
Monthly Commission ( <u>6</u> % rate x	Total Gross Sales)		\$5,620.50
State Use Tax (% rate x Month	ly Commission)	+	\$0.00
State Use Tax Exempt Amount (ent	ter \$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
	Prior payment 9/6/22:	_	\$5,664.44
Total Monthly Compensation Due:		=	(\$43.94)
CERTIFICATION: I certify that this m	nonthly gross sales statement is true and	correct and is b	
actual gross receipts for the perioc	d covered and recorded in the accounting	records availab	ole for
review/audit by the Department.			
Bd on			10/3/2022
Signature of Concessionaire		Date	

### **EXHIBIT D**

Concessionaire Name: Florida Caverns			
Period Covered: From July 1, 2022  Gross Sales	To <u>July 31, 2022</u>		
Sale Location: Gift Shop If there are multiple point of sale locati list the name and total sales of each loc	ons, please include the total sales	for all locations on	\$187,448.61 this line; and,
Subcontractor(s): None	and an actualica second since		40.00
Subcontractor is defined in paragraph 1 include the total gross sales for all subceach subcontractor on an attached second	ontractors on this line; and, list the	nultiple subcontrac e name and total g	\$0.00 stors, please ross sales of
Total Taxes Collected:		-	\$10,607.13
Total Funds from Concessionaire Emplo (No Longer App	yee Food Consumpticn plicable)	-	\$0.00
Total Customer Refunds:	# of Refunds:	49	\$1,726.71
Total Gross Sales		=	\$175,114.77
Monthly Compensation  Monthly Commission ( 6 % rate x Total	Gross Sales)		\$10,506.89
State Use Tax ( % rate x Monthly Cor	mmission)	+	\$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:  CERTIFICATION: I certify that this monthly actual gross receipts for the period cover review/audit by the Department.	y gross sales statement is true and red and recorded in the accounting	= correct and is base g records available	\$10,506.89 ed upo for
Signature of Concessionaire		Date	8/3/2022

# DEP Agreement No. CA 1616 **EXHIBIT D**

Concessionaire Name: Florida Caverns Gift Shop L	<u>.LC</u>			
Period Covered: From June 1, 2022 To Jun	e 30, 2022	<u>.</u>		
Gross Sales				
Sale Location: Gift Shop				\$158,329.16
If there are multiple point of sale locations, please	include the	total sales for all loca	ations on 1	this line; and,
list the name and total sales of each location on a	n attached se	cond sheet.		
Subcontractor(s): None		51	+	\$0.00
Subcontractor is defined in paragraph 11 of this A	greement. If	there are multiple su	ubcontract	ors, please
include the total gross sales for all subcontractors				
each subcontractor on an attached second sheet.				
				4
Total Taxes Collected:			-	\$11,146.78
	D	,		40.00
Total Funds from Concessionaire Employee Food C	Consumption		-	\$0.00
(No Longer Applicable)				
Total Customer Refunds:	# of Refun	ds: 5	52	\$1,775.85
W.				
Total Gross Sales			=	\$145,406.53
Monthly Compensation				
Monthly Commission ( 6 % rate x Total Gross Sale	es)			\$8,724.39
, . <del>_</del>				
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	<b>s</b> :	+	\$0.00
Pass through fee Pavilion rentals			+	\$0.00
Other Payments (identify)			+	\$0.00
Other Payments (identity)			•	φ0.00
Total Monthly Compensation Due:			=	\$8,724.39
CERTIFICATION: I certify that this monthly gross sa	ales stateme	ht is true and correct	and is ha	
actual gross receipts for the period covered and r		The state of the s		
review/audit by the Department.	ecorded iii c	lie accounting record	3 avanabi	
1 eview/addit by the Department.				
V X On				- 1- 1
200		<u> </u>		7/5/2022
Signature of Concessionaire			Date	

#### **EXHIBIT D**

Concessionaire Name: Florida Caverns Gift Shop				
Period Covered: From May 1, 2022 To Ma	y 31, 2022	_		
Gross Sales				
Sale Location: Gift Shop				\$100,687.67
If there are multiple point of sale locations, pleas	e include th	e total sales for all	location	ns on this line;
and, list the name and total sales of each location	on an attac	hed second sheet.		
Subcontractor(s): None			9.5	+ \$0.00
Subcontractor is defined in paragraph 11 of this A	greement.	f there are multipl	e subco	ntractors, please
include the total gross sales for all subcontractors	on this line	; and, list the name	e and to	tal gross sales of
each subcontractor on an attached second sheet.				
Total Taxes Collected:				¢6 739 60
				- \$6,738.69
Total Funds from Concessionaire Employee Food	Consumptio	n		- \$0.00
(No Longer Applicable)				50.00
Total Customer Refunds:	# - C D - C			
rotal castomer Keranas.	# of Refund	as:	25	\$812.37
Total Gross Sales				602.425.54
			=	\$93,136.61
Monthly Compensation				
Monthly Commission ( 6 % rate x Total Gross Sale	es)			\$5,588.20
				\$3,366.20
State Use Tax ( % rate x Monthly Commission)			4	\$0.00
				φ0.00
State Use Tax Exempt Amount (enter \$0.00 if not	exempt)			\$0.00
				, , , , ,
Monthly Vending Machine # 6	of Machines	:	+	\$0.00
Pass through fee Pavilion rentals			+	\$0.00
Other Payments (identify)				\$0.00
,			,	\$0.00
Total Monthly Compensation Due:			_	\$5,588.20
CERTIFICATION: I certify that this monthly gross sa	les stateme	nt is true and corre	ct and i	
actual gross receipts for the period covered and re	ecorded in t	he accounting reco	rds avai	lable for
review/audit by the Department.	and the second			autoritati (f. 1960) (f. 1960 f.)
01:				
Bid 2				6/2/2022
Signature of Concessionaire			Date	6/3/2022
B. The C. Confeccional C	1		Date	2

#### **EXHIBIT D**

Concessionaire Name: Florida Caverns Gift S	hop LLC		
Period Covered: From April 1, 2022 To	April 30, 2022		
Gross Sales			
Sale Location: Gift Shop		:	\$100,151.16
If there are multiple point of sale locations, p	lease include the total sales	for all locations on t	this line;
and, list the name and total sales of each loca	ition on an attached second	sheet.	
Subcontractor(s): None		+	\$0.00
Subcontractor is defined in paragraph 11 of the	his Agreement. If there are	multiple subcontract	tors, please
include the total gross sales for all subcontract	_		
each subcontractor on an attached second sh	.55.		
Total Taxes Collected:		-	\$6,708.82
Total Funds from Concessionaire Employee F		-	\$0.00
(No Longer Applicabl	e)		
Total Customer Refunds:	# of Refunds:	16	\$420.57
			•
Total Gross Sales		=	\$93,021.77
Monthly Compensation			
Monthly Commission ( <u>6</u> % rate x Total Gross	s Sales)		\$5,581.31
State Use Tax ( % rate x Monthly Commiss	sion)	+	\$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
Other Payments (Identify)		+	\$0.00
Total Monthly Compensation Due:		_	\$5,581.31
certification: I certify that this monthly gro actual gross receipts for the period covered a			
review audit by the Department.	and recorded in the account	ing records available	3 101
review addit by the bapartment.			
/A/ 1 2/			
1-101			5/6/2022
Signature of Concessionaire		Date	
1 /			

#### **EXHIBIT D**

Concessionaire Name: Florida Caverns Gift Shop I	LLC		
Period Covered: From April 1, 2022 To Apr	il 30, 2022		
Gross Sales			¢100 1E1 16
Sale Location: Gift Shop		· · · · · · · · · · · · · · · · · · ·	\$100,151.16
If there are multiple point of sale locations, please	e include the total sales f	for all locations of	n this line;
and, list the name and total sales of each location	on an attached second s	sneet.	
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.	on this line; and, list the	nultiple subcontra e name and total	gross sales of
Total Taxes Collected:		-	\$6,708.82
Total Funds from Concessionaire Employee Food (No Longer Applicable)	Consumption	. *	\$0.00
Total Customer Refunds:	# of Refunds:	16	\$420.57
Total Gross Sales		=	\$93,021.77
Monthly Compensation Monthly Commission ( 6 % rate x Total Gross Sa	les)		\$5,581.31
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)	7.	+	\$0.00
Total Monthly Compensation Due:  CERTIFICATION: I certify that this monthly gross actual gross receipts for the period covered and review audit by the Department.	sales statement is true a recorded in the account	= nd correct and is ting records avails	\$5,581.31 based upo able for 5/6/2022
Signature of Concessionaire		Date	

Brenda Shirah Manager 318-816-8416 Cell

Florida Caverns Gift Shop LLC Office Phone: (850)-526-2650 3345 Caverns Road Marianna, Florida 32446 floridacavernsgiftshop.com

# DEP Agreement No. CA-1616 **EXHIBIT D**

# 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 March 1, 2022 To March 31, 2022 **Gross Sales** Sale Location: Gift Shop \$131,713.10 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: \$8,781.07 Total Funds from Concessionaire Employee Food Consumption \$0.00 (No Longer Applicable) **Total Customer Refunds:** # of Refunds: 39 \$587.05 **Total Gross Sales** \$122,344.98 **Monthly Compensation** Monthly Commission (<u>6</u> % rate x Total Gross Sales) \$7,340.70 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:** \$7,340.70 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. 4/4/2022 Date

#### **EXHIBIT D**

Concessionaire Name: Florida Caverns	Gift Shop LLC		
Period Covered: From February 1, 20	022 To <u>February 28, 2022</u>		
<u>Gross Sales</u>			
Sale Location: Gift Shop			\$75,740.60
If there are multiple point of sale location			n this line;
and, list the name and total sales of eac	h location on an attached second	sheet.	
Subcontractor(s): <u>None</u>		+	\$0.00
Subcontractor is defined in paragraph 1 include the total gross sales for all subceach subcontractor on an attached seco	ontractors on this line; and, list th		
Total Taxes Collected:		-	\$5,042.98
Total Funds from Concessionaire Emplo (No Longer App		-	\$0.00
Total Customer Refunds:	# of Refunds:	12	\$103.95
Total Gross Sales		=	\$70,593.67
Monthly Compensation  Monthly Commission ( $\underline{6}$ % rate x Total	l Gross Sales)		\$4,235.62
State Use Tax ( % rate x Monthly Co	mmission)	+	\$0.00
State Use Tax Exempt Amount (enter \$0	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:		=	\$4,235.62
CERTIFICATION: I certify that this month actual gross receipts for the period cov			
review/audit by the Department.			
RA M			3/4/2022
Signature of Concessionaire		Date	

# EXHIBIT D

	- Sidelly		
Concessionaire Name: Florida Cave Period Covered: From January 1			
Period Covered: From January 1	erns Gift Shop LLC		
Gross Sales	, <u>2022</u> To <u>January 31, 2022</u>		
Sale Location: Gift Shop			
If there are multiple point of sale loc and, list the name and total sales of a Subcontractor(s): Name			
and, list the name and total sales of	ations, please include the total sale	es for all location	\$61,569.80
and, list the name and total sales of a Subcontractor(s): None	each location on an attached secon	d sheet	n this line;
Subcontractor is defined:		a street.	
Subcontractor is defined in paragraph include the total gross sales for all su	h 11 of this Agreement. If there are	+ multiple subserve	\$0.00
include the total gross sales for all su each subcontractor on an attached se	bcontractors on this line; and, list t	he name and total	actors, please
Table	econd sheet.	and total §	gross sales of
Total Taxes Collected:			
Tatale		-	\$4,142.91
Total Funds from Concessionaire Emp	loyee Food Consumption		
(No Longer A	oplicable)	-	\$0.00
Total Customer Refunds:	# -		
	# of Refunds:	21	\$224.90
Total Gross Sales			
		=	\$57,201.99
Monthly Compensation			
Monthly Commission ( $\underline{6}$ % rate x Tota	al Gross Sales)		\$3,432.12
State Use Tay / November 1			γ3, <del>4</del> 32.12
State Use Tax ( % rate x Monthly Co	ommission)	+	\$0.00
State Use Tay Evernt Amount Contact	0.00:1		
State Use Tax Exempt Amount (enter \$	0.00 if not exempt)	-	\$0.00
Monthly Vending Machine	# of Machines:		
and the state of t	# Of Machines:	+	\$0.00
Pass through fee Pavilion rentals		_	\$0.00
Other Payments (identify)		•	
other rayments (identity)		+	\$0.00
Total Monthly Compensation Due:		r	¢2.422.42
CERTIFICATION: I certify that this month	hly gross sales statement is true an	d correct and is less	\$3,432.12
actual gross receipts for the period cov	vered and recorded in the accounting	ng records available	eu upo For
review/audit by the Department.	and decodiffin	no records available	. 101
	<b>)</b>		
Soffen K Whi	_/1		2/2/2022
Signature of Concessionaire		 Date	2/3/2022
/		Date	