Concessionaire Name: Florida Caverns (Gift Shop LLC			
Period Covered: From December 1, 2	2023 To December 31, 2023			
<u>Gross Sales</u>				
Sale Location: Gift Shop			\$90,54	
f there are multiple point of sale location	ns, please include the total sales fo	or all locations of	on this line; a	ınd,
ist the name and total sales of each loca	ation on an attached second sheet.	(
Subcontractor(s): None		+	· \$	0.00
Subcontractor is defined in paragraph 1:	1 of this Agreement. If there are m	ultiple subconti	ractors, pleas	se
include the total gross sales for all subco	ontractors on this line; and, list the	name and total	l gross sales o	of
each subcontractor on an attached seco	nd sheet.			
T. I. I. T C. II I			- \$6,07	0 1 2
Total Taxes Collected:		•	٠ ٢٥,٥٦	0.12
Total Funds from Concessionaire Employ (No Longer App			- \$	0.00
Total Customer Refunds:	# of Refunds:	13	\$77	6.31
Total Gross Sales		=	\$83,68	8.69
Monthly Compensation				
Monthly Commission (<u>6</u> % rate x Total	Gross Sales)		\$5,02	1.32
, <u> </u>				
State Use Tax (% rate x Monthly Co	mmission)	4	\$	0.00
State Use Tax Exempt Amount (enter \$0	0.00 if not exempt)		- \$	0.00
Monthly Vending Machine	# of Machines:	4	- Ş	0.00
Dans the second for Davillan mantala				0.00
Pass through fee Pavilion rentals		4	۶ ۲	0.00
Other Payments (Identify)		-	٠	
		4	+	
Total Monthly Compensation Due:		=	\$5,02	1.32
CERTIFICATION: I certify that this month	nly gross sales statement is true an	d correct and is	based upo	
actual gross receipts for the period cov	ered and recorded in the accounting	ng records avail	able for	
review/audit by the Department.				
But the			1/4/2	2024
Signature of Concessionaire		Dat	10	

EXHIBIT D

Concessionaire Name: Florida Caverns Gift Shop	<u>LLC</u>		
Period Covered: From November 1, 2023 To	o <u>November 30, 2023</u>	_	
Gross Sales			¢406 442 22
Sale Location: Gift Shop		C	\$106,443.23
If there are multiple point of sale locations, pleas			on this line; and,
list the name and total sales of each location on a	an attached second snee	τ.	40.00
Subcontractor(s): None		+	\$0.00
Subcontractor is defined in paragraph 11 of this A	Agreement. If there are n	nuitiple subconti	actors, please
include the total gross sales for all subcontractor		e name and tota	gross sales of
each subcontractor on an attached second sheet			
Total Taxes Collected:			\$6,961.78
Total Funds from Concessionaire Employee Food	Consumption	-	\$0.00
(No Longer Applicable)			
Total Customer Refunds:	# of Refunds:	14	\$662.54
Total customer neranas.			
Total Gross Sales		=	\$98,818.91
2			
Monthly Compensation			
Monthly Commission ($\underline{6}$ % rate x Total Gross Sa	ales)		\$5,929.13
			¢0.00
State Use Tax (% rate x Monthly Commission	n)	-	\$0.00
	ttl		- \$0.00
State Use Tax Exempt Amount (enter \$0.00 if no	t exempt)		- 70.00
Monthly Vanding Machine	# of Machines:		÷ \$0.00
Monthly Vending Machine	ii or ividerimies.		
Pass through fee Pavilion rentals			÷ \$0.00
,			
Other Payments (Identify)			+ +
Tatal Manthly Componentian Duce			\$5,929.13
Total Monthly Compensation Due: CERTIFICATION: I certify that this monthly gross	cales statement is true a	nd correct and is	
actual gross receipts for the period covered and	tracorded in the account	ting records avai	lable for
review/audit by the Department.	Trecorded in the account		
review/addit by the Department.			
Q 1 %			12/5/2023
Die!		- <u></u> Da	
Signature of Concessionaire		Da	ıe

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

Concessionaire Name: Florida Caverns Gift Shop LLC From October 1, 2023 To October 31, 2023 Period Covered: **Gross Sales** \$95,829.69 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. 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. \$6,315.58 **Total Taxes Collected:** \$0.00 **Total Funds from Concessionaire Employee Food Consumption** (No Longer Applicable) # of Refunds: 15 \$778.81 **Total Customer Refunds:** \$88,735.30 = **Total Gross Sales Monthly Compensation** \$5,324.12 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 Other Payments (Identify) \$5,324.12 **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. 11/3/2023 Date Signature of Concessionaire

Concessionaire Name: Florida Caverns Gift Sh	op LLC		
Period Covered: From <u>September 1, 2023</u>	To <u>September 30, 2023</u>		
Gross Sales			¢404 040 24
Sale Location: Gift Shop	: : :		\$101,949.24
If there are multiple point of sale locations, ple list the name and total sales of each location o			nis line; and,
	on an attached second sheet		\$0.00
Subcontractor(s): None	:- A If the	+	\$0.00
Subcontractor is defined in paragraph 11 of th			
include the total gross sales for all subcontract each subcontractor on an attached second she		e name and total gro	oss sales of
each subcontractor on an attached second she	eet.		
Total Taxes Collected:		-	\$5,447.83
Total Funds from Concessionaire Employee Fo	-	-	\$0.00
(No Longer Applicable	e)		
Total Customer Refunds:	# of Refunds:	15	\$388.51
Total Gross Sales		=	\$96,112.90
Monthly Compensation			
Monthly Commission ($\underline{6}$ % rate x Total Gross	Sales)		\$5,766.77
Chatalla Tark Washing Marsh Commission	·\		60.00
State Use Tax (% rate x Monthly Commiss	ion)	+	\$0.00
State Use Tax Exempt Amount (enter \$0.00 if I	not evemnt)	_	\$0.00
State Ose Tax Exempt Amount (enter 50.00 ii i	not exempt)	_	Ç0.00
Monthly Vending Machine	# of Machines:	+	\$0.00
			φσ.σσ
Pass through fee Pavilion rentals		+	\$0.00
Other Devements (Identify)			
Other Payments (Identify)		+	
Total Monthly Compensation Due:		=	\$5,766.77
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.			
1 de			10/5/2022
Signature of Concessionaire		Date	10/5/2023
SIGNATURE OF CONCESSIONAILE		Date	

EXHIBIT D

Concessionaire Name: Florida Caverns Gift Shop	LLC		
Period Covered: From August 1, 2023 To	August 31, 2023		
Gross Sales			
Sale Location: Gift Shop			\$114,757.70
If there are multiple point of sale locations, pleas	e include the total sales for all	ocations on	this line; and,
list the name and total sales of each location on a	an attached second sheet.		
Subcontractor(s): None	Waste and the same of the same	+	\$0.00
Subcontractor is defined in paragraph 11 of this A	Agreement. If there are multiple	e subcontrac	ctors, please
include the total gross sales for all subcontractors	s on this line; and, list the name	and total g	ross sales of
each subcontractor on an attached second sheet			
Total Taxes Collected:			\$2,239.08
,		-	\$2,239.06
Total Funds from Concessionaire Employee Food (No Longer Applicable)	Consumption	-	\$0.00
Total Customer Refunds:	# of Refunds:	15	\$790.16
Total Gross Sales			
Total Gross Sales		=	\$111,728.46
Monthly Compensation			
Monthly Commission (6 % rate x Total Gross Sal	les)		¢6 702 71
(<u>-</u> / · · · · · · · · · · · · · · · · · ·			\$6,703.71
State Use Tax (% rate x Monthly Commission)	+	\$0.00
	•		φ0.00
State Use Tax Exempt Amount (enter \$0.00 if not	exempt)	-	\$0.00
Monthly Vending Machine	f of Machines:	+	\$0.00
Sec. 11.			
Pass through fee Pavilion rentals		+	\$0.00
Other Payments (Identify)		+	
		+	
Total Monthly Compensation Due:		=	\$6,703.71
CERTIFICATION: I certify that this monthly gross sa	ales statement is true and corre	ct and is ba	sed upo
actual gross receipts for the period covered and r	ecorded in the accounting reco	rds available	e for
review/audit by the Department.			
01.			
_bid/2			9/5/2023
Signature of Concessionaire		Date	5,5,2025

EXHIBIT D

Concessionaire Name: Florida Caverns	s Gift Shop LLC		
Period Covered: From July 1, 2023	To <u>July 31, 2023</u>		
<u>Gross Sales</u>			
Sale Location: Gift Shop			\$239,449.36
If there are multiple point of sale locat	tions, please include the total sales	for all locations or	n this line; and,
list the name and total sales of each lo	cation on an attached second shee	t.	
Subcontractor(s): None		+	\$0.00
Subcontractor is defined in paragraph include the total gross sales for all sub each subcontractor on an attached sec	contractors on this line; and, list the	•	• •
Total Taxes Collected:		-	\$4,699.28
Total Funds from Concessionaire Empl (No Longer A		-	\$0.00
Total Customer Refunds:	# of Refunds:	31	\$1,124.10
Total Gross Sales		=	\$233,625.98
Monthly Compensation Monthly Commission (<u>6</u> % rate x Tot	al Gross Sales)		\$14,017.56
State Use Tax (% rate x Monthly C	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)		+	
Total Monthly Compensation Due:		= <mark> </mark>	\$14,017.56
CERTIFICATION: I certify that this mon	thly gross sales statement is true ar	nd correct and is b	ased upo
actual gross receipts for the period co	overed and recorded in the account	ing records availak	ole for
review/audit by the Department.			
			8/4/2023
Signature of Concessionaire		Date	

EXHIBIT D

Concessionaire Name: Florida Caverns Gift Shop LI	<u>_C</u>		
Period Covered: From June 1, 2023 To June	30, 2023		
<u>Gross Sales</u>			
Sale Location: Gift Shop			\$190,524.54
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 of	on this line; and, list the name	and total gi	ross sales of
each subcontractor on an attached second sheet.			
Total Tayon Callested			¢4.040.70
Total Taxes Collected:		-	\$4,018.70
Total Funds from Consessionaire Employee Food C	oncumntion		¢0.00
Total Funds from Concessionaire Employee Food Co	onsumption	-	\$0.00
(No Longer Applicable)			
Total Customer Refunds:	# of Refunds:	51	\$1,289.27
Total Gross Sales		=	\$185,216.57
Monthly Compensation			.
Monthly Commission (<u>6</u> % rate x Total Gross Sale	S)		\$11,112.99
State Use Tax (% rate x Monthly Commission)			\$0.00
State Use Tax (% Tate x Monthly Commission)		+	\$0.00
State Use Tax Exempt Amount (enter \$0.00 if not e	exempt)		\$0.00
State OSE Tax Exemperational (enter \$0.00 ii not e	xempt)		Ç0.00
Monthly Vending Machine # 6	of Machines:	+	\$0.00
, , , , , , , , , , , , , , , , , , , ,			φ σ.σσ
Pass through fee Pavilion rentals		+	\$0.00
Other Payments (Identify) *Underpayment - No		+	\$115.00
	payment - FYE 2022*	+	\$2,972.00
Total Monthly Compensation Due:		=	\$14,199.99
CERTIFICATION: I certify that this monthly gross sal			
actual gross receipts for the period covered and re	corded in the accounting reco	ras avallabi	e tor
review/audit by the Department.			
+2 (W			7/11/2023
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 Period Covered: From May 1, 2023 To May 31, 2023 **Gross Sales** Sale Location: Gift Shop \$131,358.65 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: \$8,213.71 Total Funds from Concessionaire Employee Food Consumption \$0.00 (No Longer Applicable) **Total Customer Refunds:** # of Refunds: 18 \$1,168.86 **Total Gross Sales** \$121,976.08 **Monthly Compensation** Monthly Commission (<u>6</u> % rate x Total Gross Sales) \$7,318.56 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) ____ **Total Monthly Compensation Due:** \$7,318.56 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. 6/5/2023 Signature of Concessionaire Date

EXHIBIT D

Concessionaire Name: Florida Caverris Girt Si			
Period Covered: From <u>April 1, 2023</u> To	April 30, 2023		
<u>Gross Sales</u>			4100 001 00
Sale Location: Gift Shop			\$120,284.20
If there are multiple point of sale locations, pl			n this line; and,
list the name and total sales of each location	on an attached second shee	ţ.	o≠ 888 - 000mon2
Subcontractor(s): <u>None</u>	NAME OF THE OWNER OWNER OF THE OWNER OWNE	+	\$0.00
Subcontractor is defined in paragraph 11 of the include the total gross sales for all subcontractor on an attached second sh	ctors on this line; and, list the		
Total Taxes Collected:		-	\$7,898.38
Total Funds from Concessionaire Employee Fo (No Longer Applicab			\$0.00
Total Customer Refunds:	# of Refunds:	13	\$994.47
Total Gross Sales		=	\$111,391.35
Monthly Compensation			
Monthly Commission (6 % rate x Total Gros	s Sales)		\$6,683.48
State Use Tax (% rate x Monthly Commission)		+	\$0.00
State Use Tax Exempt Amount (enter \$0.00 if not exempt)		434	\$0.00
Monthly Vending Machine	# of Machines:	+	\$0.00
Pass through fee Pavilion rentals		+	\$0.00
Other Payments (Identify)		+	
Total Monthly Compensation Due:		=	\$6,683.48
CERTIFICATION: I certify that this monthly gre			
actual gross receipts for the period covered	and recorded in the account	ing records availa	ble for
review/audit by the Department.			
Budr			5/4/2023
Signature of Concessionaire		Date	2

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, 2023 To March 31, 2023 **Gross Sales** Sale Location: Gift Shop \$176,568.14 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: \$11,735.20 Total Funds from Concessionaire Employee Food Consumption \$0.00 (No Longer Applicable) **Total Customer Refunds:** # of Refunds: 18 \$562.78 **Total Gross Sales** \$164,270.16 **Monthly Compensation** Monthly Commission (<u>6</u> % rate x Total Gross Sales) \$9,856.21 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 **DUE FROM JANUARY 2023** \$328.32 Other Payments **DUE FROM FEBRUARY 2023** \$314.84 **Total Monthly Compensation Due:** \$10,499.37 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. 4/3/2023 Signature of Concessionaire Date

DEP Agreement No. CA-1616 EXHIBIT D - CORRECTED 4/03/23

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 January 1, 2023 To January 31, 2023 **Gross Sales** Sale Location: Gift Shop \$81,466.14 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:** \$5,472.05 Total Funds from Concessionaire Employee Food Consumption \$0.00 (No Longer Applicable) **Total Customer Refunds:** # of Refunds: 32 \$921.45 **Total Gross Sales** \$75,072.64 **Monthly Compensation** Monthly Commission (<u>6</u> % rate x Total Gross Sales) \$4,504.36 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 **Prior Payment** -\$4,176.04 **Total Monthly Compensation Due:** \$328.32 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. 4/3/2023 Signature of Concessionaire Date

DEP Agreement No. CA-1616 EXHIBIT D - CORRECTED 4/03/2023

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 February 1, 2023 To February 28, 2023 **Gross Sales** Sale Location: Gift Shop \$79,455.12 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: \$5,247.20 Total Funds from Concessionaire Employee Food Consumption \$0.00 (No Longer Applicable) **Total Customer Refunds:** # of Refunds: 23 \$884.67 **Total Gross Sales** \$73,323.25 **Monthly Compensation** Monthly Commission (6 % rate x Total Gross Sales) \$4,399.40 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 **Prior Payment** -\$4,084.56 **Total Monthly Compensation Due:** \$314.84 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.

Signature of Concessionaire

4/3/2023

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 February 1, 2023 To February 28, 2023 **Gross Sales** \$74,207.92 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. \$5,247.20 **Total Taxes Collected:** \$0.00 Total Funds from Concessionaire Employee Food Consumption (No Longer Applicable) # of Refunds: 23 \$884.67 **Total Customer Refunds:** \$68,076.05 **Total Gross Sales Monthly Compensation** \$4,084.56 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) # of Machines: \$0.00 Monthly Vending Machine Pass through fee Pavilion rentals \$0.00 \$0.00 Other Payments (identify) **Prior Payment** \$4,084.56 **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. 3/3/2023 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 Period Covered: From January 1, 2023 To January 31, 2023 **Gross Sales** Sale Location: Gift Shop \$75,994.09 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. Total Taxes Collected: \$5,472.05 Total Funds from Concessionaire Employee Food Consumption \$0.00 (No Longer Applicable) **Total Customer Refunds:** # of Refunds: 32 \$921.45 **Total Gross Sales** \$69,600.59 **Monthly Compensation** Monthly Commission ($\underline{6}$ % rate x Total Gross Sales) \$4,176.04 State Use Tax (____ % rate x Monthly Commission) \$0.00 State Use Tax Exempt Amount (enter \$0.00 if not exempt) \$0.00 \$0.00 Monthly Vending Machine # of Machines: Pass through fee Pavilion rentals \$0.00 Other Payments (identify) \$0.00 **Prior Payment Total Monthly Compensation Due:** \$4,176.04 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. 2/3/2023 Signature of Concessionaire Date