

**EXHIBIT D**

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

Concessionaire Name: Florida Caverns Gift Shop LLCPeriod Covered: From December 1, 2023 To December 31, 2023**Gross Sales**Sale Location: Gift Shop \$90,543.12

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: - \$6,078.12

Total Funds from Concessionaire Employee Food Consumption - \$0.00  
 (No Longer Applicable)

Total Customer Refunds: # of Refunds: 13 \$776.31**Total Gross Sales** = \$83,688.69**Monthly Compensation**Monthly Commission ( 6 % rate x Total Gross Sales) \$5,021.32State Use Tax (      % rate x Monthly Commission) + \$0.00State Use Tax Exempt Amount (enter \$0.00 if not exempt) - \$0.00Monthly Vending Machine # of Machines: + \$0.00Pass through fee Pavilion rentals + \$0.00Other Payments (Identify) +**Total Monthly Compensation Due:** = \$5,021.32

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.

  
 \_\_\_\_\_  
 Signature of Concessionaire

1/4/2024  
 \_\_\_\_\_  
 Date

**EXHIBIT D**

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

Concessionaire Name: Florida Caverns Gift Shop LLCPeriod Covered: From November 1, 2023 To November 30, 2023**Gross Sales**Sale Location: Gift Shop \$106,443.23

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: - \$6,961.78

Total Funds from Concessionaire Employee Food Consumption - \$0.00  
(No Longer Applicable)

Total Customer Refunds: # of Refunds: 14 \$662.54Total Gross Sales = \$98,818.91**Monthly Compensation**Monthly Commission ( 6 % rate x Total Gross Sales) \$5,929.13State Use Tax (      % rate x Monthly Commission) + \$0.00State Use Tax Exempt Amount (enter \$0.00 if not exempt) - \$0.00Monthly Vending Machine # of Machines: + \$0.00Pass through fee Pavilion rentals + \$0.00

Other Payments (Identify) +  
+  
Total Monthly Compensation Due: = \$5,929.13

CERTIFICATION: I certify that this monthly gross sales 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

12/5/2023

Date

**EXHIBIT D**

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

Concessionaire Name: Florida Caverns Gift Shop LLCPeriod Covered: From October 1, 2023 To October 31, 2023**Gross Sales**Sale Location: Gift Shop \$95,829.69

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: - \$6,315.58

Total Funds from Concessionaire Employee Food Consumption - \$0.00  
 (No Longer Applicable)

Total Customer Refunds: # of Refunds: 15 \$778.81**Total Gross Sales** = \$88,735.30**Monthly Compensation**Monthly Commission ( 6 % rate x Total Gross Sales) \$5,324.12State Use Tax (      % rate x Monthly Commission) + \$0.00State Use Tax Exempt Amount (enter \$0.00 if not exempt) - \$0.00Monthly Vending Machine # of Machines: + \$0.00Pass through fee Pavilion rentals + \$0.00Other Payments (Identify) +**Total Monthly Compensation Due:** = \$5,324.12

CERTIFICATION: I certify that this monthly gross sales 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

11/3/2023  
 \_\_\_\_\_  
 Date

## 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 LLCPeriod Covered: From September 1, 2023 To September 30, 2023**Gross Sales**

Sale Location: Gift Shop \$101,949.24

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: - \$5,447.83

Total Funds from Concessionaire Employee Food Consumption - \$0.00  
 (No Longer Applicable)

Total Customer Refunds: # of Refunds: 15 \$388.51

**Total Gross Sales** = \$96,112.90**Monthly Compensation**Monthly Commission ( 6 % rate x Total Gross Sales) \$5,766.77State 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:** = \$5,766.77

CERTIFICATION: I certify that this monthly gross sales 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

10/5/2023

Date



**EXHIBIT D**

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

Concessionaire Name: Florida Caverns Gift Shop LLCPeriod 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, 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: - \$2,239.08

Total Funds from Concessionaire Employee Food Consumption - \$0.00  
(No Longer Applicable)

Total Customer Refunds: # of Refunds: 15 \$790.16**Total Gross Sales** = \$111,728.46**Monthly Compensation**Monthly Commission ( 6 % rate x Total Gross Sales) \$6,703.71State Use Tax (      % rate x Monthly Commission) + \$0.00State Use Tax Exempt Amount (enter \$0.00 if not exempt) - \$0.00Monthly Vending Machine # of Machines: + \$0.00Pass through fee Pavilion rentals + \$0.00

Other Payments (Identify) +  
+  
**Total Monthly Compensation Due:** = \$6,703.71

CERTIFICATION: I certify that this monthly gross sales 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

9/5/2023  
\_\_\_\_\_  
Date

**EXHIBIT D**

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

Concessionaire Name: Florida Caverns Gift Shop LLCPeriod Covered: From July 1, 2023 To July 31, 2023**Gross Sales**Sale Location: Gift Shop \$239,449.36

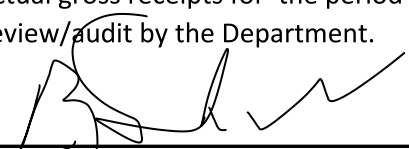
If there are multiple point of sale locations, please include the total sales for all locations on this line; and, list the name and total sales of each location on an attached second sheet.

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: - \$4,699.28Total Funds from Concessionaire Employee Food Consumption - \$0.00**(No Longer Applicable)**Total Customer Refunds: # of Refunds: 31 \$1,124.10**Total Gross Sales** = \$233,625.98**Monthly Compensation**Monthly Commission ( 6 % rate x Total Gross Sales) \$14,017.56State Use Tax (      % rate x Monthly Commission) + \$0.00State Use Tax Exempt Amount (enter \$0.00 if not exempt) - \$0.00Monthly Vending Machine # of Machines: + \$0.00Pass through fee Pavilion rentals + \$0.00Other Payments (Identify) +**Total Monthly Compensation Due:** + **\$14,017.56**

CERTIFICATION: I certify that this monthly gross sales 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

8/4/2023  
Date

## 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 LLCPeriod Covered: From June 1, 2023 To June 30, 2023**Gross Sales**Sale Location: Gift Shop \$190,524.54

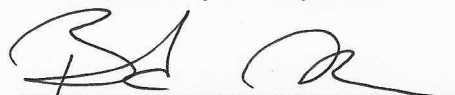
If there are multiple point of sale locations, please include the total sales for all locations on this line; and, list the name and total sales of each location on an attached second sheet.

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: - \$4,018.70Total Funds from Concessionaire Employee Food Consumption - \$0.00**(No Longer Applicable)**Total Customer Refunds: # of Refunds: 51 \$1,289.27**Total Gross Sales** **= \$185,216.57****Monthly Compensation**Monthly Commission ( 6 % rate x Total Gross Sales) \$11,112.99State Use Tax (      % rate x Monthly Commission) + \$0.00State Use Tax Exempt Amount (enter \$0.00 if not exempt) - \$0.00Monthly Vending Machine # of Machines: + \$0.00Pass through fee Pavilion rentals + \$0.00Other Payments (Identify) **\*Underpayment - November 2021\*** + \$115.00**\*Underpayment - FYE 2022\*** + \$2,972.00**Total Monthly Compensation Due:** **= \$14,199.99**

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

7/11/2023  
 \_\_\_\_\_  
 Date

## 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 LLCPeriod 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 ( 6 % 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 upon actual gross receipts for the period covered and recorded in the accounting records available for review/audit by the Department.



Signature of Concessionaire

6/5/2023

Date



**EXHIBIT D**

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

Concessionaire Name: Florida Caverns Gift Shop LLCPeriod Covered: From April 1, 2023 To April 30, 2023**Gross Sales**Sale Location: Gift Shop \$120,284.20

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: - \$7,898.38

Total Funds from Concessionaire Employee Food Consumption - \$0.00  
**(No Longer Applicable)**

Total Customer Refunds: # of Refunds: 13 \$994.47**Total Gross Sales** = \$111,391.35**Monthly Compensation**Monthly Commission ( 6 % rate x Total Gross Sales) \$6,683.48State Use Tax (      % rate x Monthly Commission) + \$0.00State Use Tax Exempt Amount (enter \$0.00 if not exempt) - \$0.00Monthly Vending Machine # of Machines: + \$0.00Pass through fee Pavilion rentals + \$0.00Other Payments (Identify) +**Total Monthly Compensation Due:** = \$6,683.48

CERTIFICATION: I certify that this monthly gross sales 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

5/4/2023

Date

**EXHIBIT D**

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

Concessionaire Name: Florida Caverns Gift Shop LLCPeriod 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 ( 6 % rate x Total Gross Sales) \$9,856.21State Use Tax (      % rate x Monthly Commission) + \$0.00State Use Tax Exempt Amount (enter \$0.00 if not exempt) - \$0.00Monthly Vending Machine # of Machines: + \$0.00Pass through fee Pavilion rentals + \$0.00Other Payments **DUE FROM JANUARY 2023** + \$328.32Other 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.

  
 \_\_\_\_\_  
 Signature of Concessionaire

4/3/2023  
 \_\_\_\_\_  
 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 ( 6 % 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 upon 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



**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 LLCPeriod 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 upon 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



**EXHIBIT D**

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

Concessionaire Name: Florida Caverns Gift Shop LLCPeriod Covered: From February 1, 2023 To February 28, 2023**Gross Sales**Sale Location: Gift Shop \$74,207.92

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** = \$68,076.05**Monthly Compensation**Monthly Commission ( 6 % rate x Total Gross Sales) \$4,084.56State Use Tax (      % rate x Monthly Commission) + \$0.00State Use Tax Exempt Amount (enter \$0.00 if not exempt) - \$0.00Monthly Vending Machine # of Machines: + \$0.00Pass through fee Pavilion rentals + \$0.00Other Payments (identify) + \$0.00

Prior Payment

**Total Monthly Compensation Due:** = \$4,084.56

CERTIFICATION: I certify that this monthly gross sales 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

3/3/2023  
 Date

**EXHIBIT D**

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

Concessionaire Name: Florida Caverns Gift Shop LLCPeriod 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.

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** = \$69,600.59**Monthly Compensation**Monthly Commission ( 6 % rate x Total Gross Sales) \$4,176.04State Use Tax (      % rate x Monthly Commission) + \$0.00State Use Tax Exempt Amount (enter \$0.00 if not exempt) - \$0.00Monthly Vending Machine # of Machines: + \$0.00Pass through fee Pavilion rentals + \$0.00Other 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 upon actual gross receipts for the period covered and recorded in the accounting records available for review/audit by the Department.



Signature of Concessionaire

2/3/2023

Date