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 June 1, 2024 To Ju	ine 30, 2024			
Gross Sales				
Sale Location: Gift Shop				\$213,112.74
If there are multiple point of sale locations, pleas	se include the total sales	for all locations	s on t	this line; and,
list the name and total sales of each location on	an attached second shee	et.		
Subcontractor(s): None	·····		+	\$0.00
Subcontractor is defined in paragraph 11 of this	Agreement. If there are	multiple subcor	itraci	tors, please
include the total gross sales for all subcontractor	rs on this line; and, list th	ne name and tot	al gr	oss sales of
each subcontractor on an attached second sheet	t.			
T T				¢14 F27 22
Total Taxes Collected:			-	\$14,537.22
Table - I form Commission for Franchise Franchise	I C			¢0.00
Total Funds from Concessionaire Employee Food	Consumption		-	\$0.00
(No Longer Applicable)				
Total Customer Refunds:	# of Refunds:	17		\$394.86
Total Gross Sales			=	\$198,180.66
Monthly Compensation				
Monthly Commission (<u>6</u> % rate x Total Gross Sa	ales)			\$11,890.84
S	×			60.00
State Use Tax (% rate x Monthly Commission	a)		+	\$0.00
State Use Tax Exempt Amount (enter \$0.00 if no	t avamnt)			\$0.00
State Ose Tax Exempt Amount (enter 30.00 ii 110	t exempt)		-	Ş0.00
Monthly Vending Machine	# of Machines:		+	\$0.00
Working Waterine	n or machines.		•	\$0.00
Pass through fee Pavilion rentals			+	\$0.00
-				
Other Payments (Identify)			+	
			+	444 000 04
Total Monthly Compensation Due:			=	\$11,890.84
CERTIFICATION: I certify that this monthly gross				-
actual gross receipts for the period covered and	recorded in the accoun	ting records ava	ilable	e tor
review/audit by the Department.				
CK AB				
Die/				7/3/2024
Signature of Concessionaire		Di	ate	

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 May 1, 2024 To May 31, 2024 **Gross Sales** Sale Location: Gift Shop \$118,329.87 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:** \$7,877.54 Total Funds from Concessionaire Employee Food Consumption \$0.00 (No Longer Applicable) **Total Customer Refunds:** # of Refunds: \$672.85 11 **Total Gross Sales** \$109,779.48 **Monthly Compensation** Monthly Commission (<u>6</u> % rate x Total Gross Sales) \$6,586.77 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:** \$6,586.77 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. 6/4/2024 Signature of Concessionaire Date

EXHIBIT D

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

Concessionaire Name: Florida Caverns Gift Shop	o LLC			
Period Covered: From April 1, 2024 To A	pril 30, 2024			
Gross Sales				
Sale Location: Gift Shop				\$130,047.10
If there are multiple point of sale locations, plea			ns on	this line; and,
list the name and total sales of each location on	an attached second she	et.		
Subcontractor(s): None			+	\$0.00
Subcontractor is defined in paragraph 11 of this	Agreement. If there are	multiple subco	ontrac	tors, please
include the total gross sales for all subcontractor	rs on this line; and, list tl	he name and t	otal g	ross sales of
each subcontractor on an attached second shee	t.			
Total Taxes Collected:			_	\$8,485.14
Total Taxes concected.				Ş0,403.14
Total Funds from Concessionaire Employee Food (No Longer Applicable)	•		-	\$0.00
Total Customer Refunds:	# of Refunds:	23		\$614.95
Total Gross Sales			=	\$120,947.01
Monthly Compensation				
Monthly Commission (6 % rate x Total Gross Sa	ales)			\$7,256.82
State Use Tay / Wate y Monthly Commission	1			40.00
State Use Tax (% rate x Monthly Commissio	n)		+	\$0.00
State Use Tax Exempt Amount (enter \$0.00 if no	it exemnt)		_	\$0.00
otate ose tax exemperational (effect polos il no	re exempty			\$0.00
Monthly Vending Machine	# of Machines:		+	\$0.00
,				,
Pass through fee Pavilion rentals			+	\$0.00
Other Permants (Identify)				
Other Payments (Identify)			+	
Total Monthly Compensation Due:			_	\$7,256.82
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.				
orian, addition of the coparaments				
Q / x				E /2 /2024
Signature of Concessionaire	V 1 V	 I	Date	5/3/2024
Signature of Concessionale		3	Jace	

EXHIBIT D

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

Concessionaire Name: Florida Caverns Gift Shop	<u>LLC</u>			
Period Covered: From March 1, 2024 To N	March 31, 2024			
<u>Gross Sales</u>				
Sale Location: Gift Shop				\$198,534.54
If there are multiple point of sale locations, please	e include the total sales for all	locatior	ıs on t	his 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	greement. If there are multipl	e subco	ntract	ors, please
include the total gross sales for all subcontractors	on this line; and, list the name	e and to	tal gro	oss sales of
each subcontractor on an attached second sheet.				
Total Taxes Collected:			_	\$13,195.58
Total Taxes collected.			-	\$13,133.36
Total Funds from Concessionaire Employee Food	Consumption		_	\$0.00
(No Longer Applicable)	oonsamption.			φο.σο
	" CD C 1			
Total Customer Refunds:	# of Refunds:	76		\$4,594.94
Total Gross Sales			_	¢100 744 02
Total Gloss Sales			=	\$180,744.02
Monthly Compensation				
Monthly Commission (6 % rate x Total Gross Sal	es)			\$10,844.64
(<u>=</u> 70.000 N 1000 N 1000 N				710,011.01
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:			=	\$10,844.64
CERTIFICATION: I certify that this monthly gross s	ales statement is true and corr	ect and	is bas	ed upo
actual gross receipts for the period covered and				
review/audit by the Department.				
011				
"Die/2				4/5/2024
Signature of Concessionaire			ate	., 0, 2024

EXHIBIT D

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

Concessionaire Name: Florida Caverns Gift Sh	op LLC		
Period Covered: From February 1, 2024	To <u>February 29, 2024</u>		
Gross Sales			
Sale Location: Gift Shop			\$98,418.98
If there are multiple point of sale locations, ple			n this line; and,
list the name and total sales of each location o	on an attached second shee	t.	
Subcontractor(s): None		+	\$0.00
Subcontractor is defined in paragraph 11 of th			
include the total gross sales for all subcontract		e name and total	gross sales of
each subcontractor on an attached second she	eet.		
Total Taxes Collected:		_	\$6,622.48
Total Taxes concerca.			. ,
Total Funds from Concessionaire Employee Fo	ood Consumption	-	\$0.00
(No Longer Applicabl			
Total Customer Refunds:	# of Refunds:	59	\$2,975.18
Total Customer Refunds.	# Of Neturius.	33	\$2,575.10
Total Gross Sales		=	\$88,821.32
Monthly Compensation			
Monthly Commission (6 % rate x Total Gross	s Sales)		\$5,329.28
State Use Tax (% rate x Monthly Commiss	sion)	+	\$0.00
State Use Tax Exempt Amount (enter \$0.00 if	not exempt)	-	\$0.00
No world of the discussion	# of Machines.		\$0.00
Monthly Vending Machine	# of Machines:	+	\$0.00
Pass through fee Pavilion rentals		+	\$0.00
r ass through ree r avmon remais			φο.σσ
Other Payments (Identify)		+	
		+	¢E 220.20
Total Monthly Compensation Due:		=	\$5,329.28
CERTIFICATION: I certify that this monthly gro			
actual gross receipts for the period covered a	and recorded in the account	ing records availa	ble for
review/audit by the Department.			
Q 1 h			
Die/			3/5/2024
Signature of Concessionaire		Date	5

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 January 1, 2024 To January 31, 2024 **Gross Sales** Sale Location: Gift Shop \$81,590.81 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:** \$5,463.60 **Total Funds from Concessionaire Employee Food Consumption** \$0.00 (No Longer Applicable) **Total Customer Refunds:** # of Refunds: 14 \$921.56 **Total Gross Sales** \$75,205.65 = **Monthly Compensation** Monthly Commission (6 % rate x Total Gross Sales) \$4,512.34 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:** \$4,512.34 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. 2/5/2024

Date

Signature of Concessionaire