

EXHIBIT E
 Profit and Loss Statement for (year) JANUARY 2017
 (due April 30 of the following year)

Concessionaire: FORT PIERCE OUTDOOR CENTER INC Park: FT Pierce Inlet State Park

Services	Gross Sales	Less Commissions Paid 9%	Less Cost of Goods Sold	Less Operating Expenses	Less Taxes	Net Profit/Loss
1	<u>347.75⁷⁵</u> 325.00	<u>29.25</u>	<u>0</u>	<u>2641¹⁰</u>	<u>22⁷⁵</u>	<u>-2345³⁵</u>
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
5	Totals: <u>347⁷⁵</u>	<u>29²⁵</u>	<u>0</u>	<u>2641¹⁰</u>	<u>22⁷⁵</u>	<u>-2345³⁵</u>

Add a second page, as needed, to provide an inclusive list of services, including revenue from subcontractors.

Prepared by: _____

Capacity: _____

Date Submitted: _____

CERTIFICATION: I certify this annual profit and loss 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: _____ Date: _____

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02/17

crual Basis

Fort Pierce Outdoor Center
Profit & Loss
January 2017

	<u>Jan 17</u>
Ordinary Income/Expense	
Income	
Kayak Rental Income	245.00
SUP rental Income	30.00
surf board rental income	50.00
Total Income	<u>325.00</u>
Expense	
Commission Expense	43.62
Contract Labor	
Tiki Labor	332.50
tour labor	60.00
Total Contract Labor	<u>392.50</u>
Equipment rental	539.22
Office Supplies	78.84
Payroll Expenses	1,052.94
Square/Xola Fees	112.71
Supplies - Building	253.07
Telephone Expense	168.20
Total Expense	<u>2,641.10</u>
Net Ordinary Income	<u>-2,316.10</u>
Net Income	<u><u>-2,316.10</u></u>

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

Park: Fort Pierce Date: 3-30-17

Concessionaire Name: Fort Pierce Outdoor Center

Period Covered: From 2-1-17 To 2-28-17

Gross Sales

Sale Location(s): _____ \$ 1790²⁶
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): _____ + \$ #
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: - \$ 109²⁸

Total Funds from Concessionaire Employee Food Consumption: - \$ _____

Total Customer Refunds: # of Refunds: _____ - \$ _____

Total Gross Sales = \$ 1681⁰⁰

Monthly Compensation

Monthly Commission (____ % rate x Total Gross Sales) \$ 151²⁹

State Use Tax (____ % rate x Monthly Commission) + \$ _____

State Use Tax Exempt Amount (enter \$0.00 if not exempt) - \$ _____

Monthly Vending Machine Fee: # of Machines: _____ + \$ _____

Monthly Utility Fee(s) to Park + \$ _____

Pass through fee Pavilion rentals + \$ _____

Other Payments (identify) _____ + \$ _____

Total Monthly Compensation Due: = \$ 151²⁹

Improvements Spending

Monthly Spending \$ _____

Total Spending, Year to Date \$ 523⁵²

EXHIBIT E

Profit and Loss Statement for February (Month)

SERVICES	GROSS SALES	LESS COMMISSIONS PAID	Less Cost of Goods Sold	Less Operating Expenses	Less Taxes	Net Profit/Loss
	1790.265			5576.27	109.265	-3895.27
Comments						

Add a second page, as needed to provide an inclusive list of services, including revenue from subcontractors

TOTALS:

1790.265	0	0	0	5576.27	0	109.265	0	-3895.27
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Prepared by: SANDRA BEEL

Capacity: ACCOUNTING MANAGER FOR FORT PIERCE OUTDOOR CENTER

Date Submitted: _____

CERTIFICATION: I certify this monthly profit and loss 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: _____ Date: _____

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

Park: Fort Pierce Date: 4-4-17

Concessionaire Name: Fort Pierce Outdoor Center

Period Covered: From 3-1-17 To 3-31-17

Gross Sales

Sale Location(s): _____ \$ 5684¹⁷

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): _____ + \$ _____

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: _____ - \$ 346⁹²

Total Funds from Concessionaire Employee Food Consumption: _____ - \$ _____

Total Customer Refunds: _____ # of Refunds: _____ - \$ _____

Total Gross Sales = \$ 5337²⁵

Monthly Compensation

Monthly Commission (9 % rate x Total Gross Sales) \$ 480³⁵

State Use Tax (____ % rate x Monthly Commission) + \$ _____

State Use Tax Exempt Amount (enter \$0.00 if not exempt) - \$ _____

Monthly Vending Machine Fee: _____ # of Machines: _____ + \$ _____

Monthly Utility Fee(s) to Park + \$ _____

Pass through fee Pavilion rentals 3 March Rentals + \$ 240⁰⁰

Other Payments (Identify) _____ + \$ _____

Total Monthly Compensation Due: = \$ 720³⁵

Improvements Spending

Monthly Spending \$ _____

Total Spending, Year to Date \$ _____

EXHIBIT E


Profit and Loss Statement for MARCH (Month)

SERVICES	GROSS SALES	LESS COMMISSIONS PAID	Less Cost of Goods Sold	Less Operating Expenses	Less Taxes	Net Profit/Loss
	5684.17				346.92	5337.25
Comments						

Add a second page, as needed to provide an inclusive list of services, including revenue from subcontractors

TOTALS:

5684.17	125 0	0 0	0 0	0 0	346.92	125 0	5337.25
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 Prepared by: SANDRA BEEL
 Capacity: ACCOUNTING MANAGER FOR FORT PIERCE OUTDOOR CENTER
 Date Submitted: 4-5-17

CERTIFICATION: I certify this monthly profit and loss 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: _____ Date: _____

EXHIBIT E

Profit and Loss Statement for April (Month)

SERVICES	GROSS SALES	LESS COMMISSIONS PAID	Less Cost of Goods Sold	Less Operating Expenses	Less Taxes	Net Profit/Loss
	<u>7391.0148</u>	<u>720.35</u>	<u> </u>	<u>5162.46</u>	<u>451.0948</u>	<u>1057.11</u>
Comments	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

Add a second page, as needed to provide an inclusive list of services, including revenue from subcontractors

TOTALS:

<u>7391.0148</u>	<u>0</u>	<u>720.35</u>	<u>0</u>	<u>0</u>	<u>5162.46</u>	<u>0</u>	<u>451.0948</u>	<u>0</u>	<u>1057.11</u>
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Prepared by: SANDRA BEEL

Capacity: ACCOUNTING MANAGER FOR FORT PIERCE OUTDOOR CENTER

Date Submitted: 5-11-17

CERTIFICATION: I certify this monthly profit and loss 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: Sandra Beel Date: 5-11-17

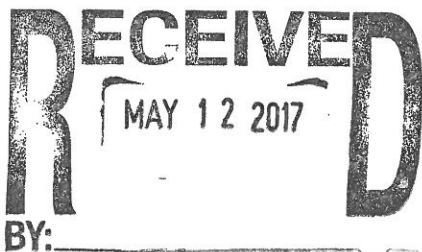


EXHIBIT D

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

Park: FT Pierce State Park Date: 5-11-17

Concessionaire Name: Fort Pierce Outdoor Center

Period Covered: From 4-1-17 To 4-30-17

Gross Sales

Sale Location(s): FT Pierce \$ 7391.01

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): _____ + \$ _____

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: - \$ 451.09

Total Funds from Concessionaire Employee Food Consumption: - \$ _____

Total Customer Refunds: # of Refunds: _____ - \$ _____

Total Gross Sales = \$ 6939.92

Monthly Compensation

Monthly Commission (9 % rate x Total Gross Sales) \$ 624⁵⁹

State Use Tax (____ % rate x Monthly Commission) + \$ _____

State Use Tax Exempt Amount (enter \$0.00 if not exempt) - \$ _____

Monthly Vending Machine Fee: # of Machines: _____ + \$ _____

Monthly Utility Fee(s) to Park + \$ _____

Pass through fee Pavilion rentals + \$ 560

Other Payments (identify) _____ + \$ _____

Total Monthly Compensation Due: = \$ 1184⁵⁹

Improvements Spending

Monthly Spending \$ ~~_____~~

Total Spending, Year to Date \$ _____



BY: _____

Fort Pierce Outdoor Center Profit & Loss April 2017

	Apr 17
Ordinary Income/Expense	
Income	
Kayak Rental Income	3,914.92
mangrove tour income	480.00
Pavillion rental	560.00
SUP rental income	1,655.00
surf board rental income	330.00
Total Income	6,939.92
Expense	
Commission Expense	720.35
Contract Labor	
tour labor	310.00
Total Contract Labor	310.00
Equipment /Lease rental	539.22
equipment supplies	473.32
Payroll Expenses	
Manager wages	3,121.30
Total Payroll Expenses	3,121.30
Payroll tax	
FUTA Fed unemp annual	7.46
Medicare tax	45.26
RT6 FL unemp	40.75
SS Tax	193.52
Total Payroll tax	286.99
Square/Xola Fees	263.43
Telephone Expense	168.20
Total Expense	5,882.81
Net Ordinary Income	1,057.11
Net Income	1,057.11

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MAY 12 2017

BY: _____

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

Park: FT Pierce State Park Date: 6-15-17

Concessionaire Name: FT Pierce Outdoor Center

Period Covered: From May 1 To May 31-2017

Gross Sales

Sale Location(s): FT Pierce \$ 5824⁹⁶

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): _____ + \$ _____

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: 1065 - \$ 355.51

Total Funds from Concessionaire Employee Food Consumption: - \$ _____

Total Customer Refunds: # of Refunds: _____ - \$ _____

Total Gross Sales = \$ 5469⁴⁵

Monthly Compensation

Monthly Commission (9 % rate x Total Gross Sales) \$ 492²⁵

State Use Tax (____ % rate x Monthly Commission) + \$ _____

State Use Tax Exempt Amount (enter \$0.00 if not exempt) - \$ _____

Monthly Vending Machine Fee: # of Machines: _____ + \$ _____

Monthly Utility Fee(s) to Park + \$ _____

Pass through fee Pavilion rentals 7 May Rentals + \$ 560⁰²⁵

Other Payments (identify) _____ + \$ _____

Total Monthly Compensation Due: = \$ 1052.25

Improvements Spending

Monthly Spending \$ _____

Total Spending, Year to Date \$ _____

Fort Pierce Outdoor Center
Profit & Loss
May 2017

	May 17
Ordinary Income/Expense	
Income	
Kayak Rental Income	3,759.45
mangrove tour income	440.00
SUP rental Income	1,270.00
	5,469.45
Total Income	5,469.45
Expense	
Advertising and Promotion	2,297.53
Commission Expense	1,184.59
Contract Labor	
tour labor	360.00
	360.00
Total Contract Labor	360.00
Equipment /Lease rental	539.22
equipment supplies	179.66
Payroll Expenses	
Manager wages	1,659.00
Payroll Expenses - Other	2,700.00
	4,359.00
Total Payroll Expenses	4,359.00
Payroll tax	
FUTA Fed unemp annual	0.00
Medicare tax	63.21
RT6 FL unemp	0.00
SS Tax	270.26
	333.47
Total Payroll tax	333.47
Professional Fees	480.00
Square/Xola Fees	250.84
Supplies - Building	960.57
Telephone Expense	168.20
Utilities	755.95
	11,869.03
Total Expense	11,869.03
Net Ordinary Income	-6,399.58
Net Income	-6,399.58

EXHIBIT E

Profit and Loss Statement for _____(Month)

SERVICES	GROSS SALES	LESS COMMISSIONS PAID	Less Cost of Goods Sold	Less Operating Expenses	Less Taxes	Net Profit/Loss
	5824.96425	624.59		11244.44	355.51425	-6399.58
Comments						

Add a second page, as needed to provide an inclusive list of services, including revenue from subcontractors

TOTALS:

5824.96425	0	624.59	0	0	0	11244.44	0	355.51425	0	-6399.58
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Prepared by: SANDRA BEEL

Capacity: ACCOUNTING MANAGER FOR FORT PIERCE OUTDOOR CENTER

Date Submitted: 6-15-17

CERTIFICATION: I certify this monthly profit and loss 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: *Sandra Beel* Date: 6-15-17

Fort Pierce Outdoor Center
Profit & Loss
June 2017

	Jun 17
Ordinary Income/Expense	
Income	
Kayak Rental Income	2,779.15
mangrove tour income	200.00
Summer Camp Income	586.25
SUP rental Income	1,005.00
surf board rental income	90.00
Total Income	4,660.40
Expense	
Automobile Expense	25.00
Commission Expense	492.25
Contract Labor	
Tiki Labor	306.00
Total Contract Labor	306.00
Electric Setup	6,500.00
Equipment /Lease rental	539.22
Insurance Expense	123.00
Office Supplies	107.00
Payroll Expenses	3,600.00
Payroll tax	
FUTA Fed unemp annual	0.00
Medicare tax	52.20
RT6 FL unemp	0.00
SS Tax	223.20
Total Payroll tax	275.40
Square/Xola Fees	244.51
Supplies - Building	126.02
Telephone Expense	168.20
Utilities	50.00
Total Expense	12,556.60
Net Ordinary Income	-7,896.20
Net Income	-7,896.20

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

Park: FT Pierce St Park Date: 7-11-17
 Concessionaire Name: FT Pierce Outdoor Center
 Period Covered: From 6-1 To 6-30-17

Gross Sales

Sale Location(s): FT Pierce \$ 4863.32
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): _____ + \$ _____
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: - \$ 302.92

Total Funds from Concessionaire Employee Food Consumption: - \$ _____

Total Customer Refunds: # of Refunds: _____ - \$ _____

Total Gross Sales = \$ 4660⁴⁰

Monthly Compensation

Monthly Commission (1 % rate x Total Gross Sales) \$ 419⁴³

State Use Tax (____ % rate x Monthly Commission) + \$ _____

State Use Tax Exempt Amount (enter \$0.00 if not exempt) - _____

Monthly Vending Machine Fee: # of Machines: _____ + \$ _____

Monthly Utility Fee(s) to Park + \$ _____

Pass through fee Pavilion rentals June Rentals + \$ 1360⁰⁰

Other Payments (identify) _____ + \$ _____

Total Monthly Compensation Due: = \$ 1779⁴³

Improvements Spending

Monthly Spending \$ _____

Total Spending, Year to Date \$ _____

EXHIBIT E

Profit and Loss Statement for _____(Month)

SERVICES	GROSS SALES	LESS COMMISSIONS PAID	Less Cost of Goods Sold	Less Operating Expenses	Less Taxes	Net Profit/Loss
	4963.326	492.25		12064.35	302.926	-7896.2

Comments

Add a second page, as needed to provide an inclusive list of services, including revenue from subcontractors

TOTALS:

4963.326	0	492.25	0	0	12064.35	0	302.926	0	-7896.2
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Prepared by: SANDRA BEEL

Capacity: ACCOUNTING MANAGER FOR FORT PIERCE OUTDOOR CENTER

Date Submitted: 7-11-17

CERTIFICATION: I certify this monthly profit and loss 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: Sandra Beel Date: 7-11-17

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

Park: FORT PIERCE INLET STATE PARK Date: 9-7-17

Concessionaire Name: FORT PIERCE OUTDOOR CENTER

Period Covered: From 8-1-17 To 8-31-17

Gross Sales

Sale Location(s): FT Pierce INLET \$ 5885.16

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): _____ + \$ _____

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: - \$ 359.19

Total Funds from Concessionaire Employee Food Consumption: - \$ _____

Total Customer Refunds: # of Refunds: _____ - \$ _____

Total Gross Sales = \$ 5525⁹⁷

Monthly Compensation
Monthly Commission (20% rate x Total Gross Sales) \$ 552⁵⁹

State Use Tax (____% rate x Monthly Commission) + \$ _____

State Use Tax Exempt Amount (enter \$0.00 if not exempt) - \$ _____

Monthly Vending Machine Fee: # of Machines: _____ + \$ _____

Monthly Utility Fee(s) to Park + \$ _____

Pass through fee Pavilion rentals + \$ 320⁰⁰

Other Payments (Identify) _____ + \$ _____

Total Monthly Compensation Due: = \$ 872⁵⁹

Improvements Spending

Monthly Spending \$ _____

Total Spending, Year to Date \$ _____

EXHIBIT E

Profit and Loss Statement for August 2017 (Month)

SERVICES	GROSS SALES	LESS COMMISSIONS PAID	Less Cost of Goods Sold	Less Operating Expenses	Less Taxes	Net Profit/Loss
	5885.16	1337.93		6741.86	359.19	-2553.82
Comments						

Add a second page, as needed to provide an inclusive list of services, including revenue from subcontractors

TOTALS:

5885.1581	0	1337.93	0	0	0	6741.86	0	359.1881	0	-2553.82
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Prepared by: SANDRA BEEL

Capacity: ACCOUNTING MANAGER FOR FORT PIERCE OUTDOOR CENTER

Date Submitted: 9-7-17

CERTIFICATION: I certify this monthly profit and loss 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:

Sandra Beel

Date:

9-7-17

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07/17

crual Basis

Fort Pierce Outdoor Center
Profit & Loss
August 2017

	Aug 17
Ordinary Income/Expense	
Income	
Bike Rental Income	30.00
Innertube rental	45.00
Kayak Rental Income	2,185.27
mangrove tour income	200.00
Sales	-124.30
SUP rental Income	1,665.00
surf board rental income	150.00
Tandem Kayak	1,375.00
	5,525.97
Total Income	
Expense	
Advertising and Promotion	139.10
Bank Service Charges	12.00
Commission Expense	1,337.93
Contract Labor	
Tiki Labor	96.00
	96.00
Total Contract Labor	
Dues and Memberships	30.00
Equipment /Lease rental	539.22
Payroll Expenses	
Manager wages	4,500.00
Tiki Pay	384.00
	4,884.00
Total Payroll Expenses	
Payroll tax	
FUTA Fed unemp annual	2.30
Medicare tax	70.82
RT6 FL unemp	35.40
SS Tax	302.81
	411.33
Total Payroll tax	
Professional Fees	170.00
Square/Xola Fees	280.44
Telephone Expense	168.20
Utilities	11.57
	8,079.79
Total Expense	
Net Ordinary Income	-2,553.82
Net Income	-2,553.82

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

Park: FORT PIERCE Inlet STATE PARK Date: _____

Concessionaire Name: FORT PIERCE OUTDOOR CENTER

Period Covered: From 9-1 To 9-30-17

Gross Sales

Sale Location(s): FT Pierce Inlet State Park \$ 2646.45

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): _____ + \$ _____

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: - \$ 161.52

Total Funds from Concessionaire Employee Food Consumption: - \$ _____

Total Customer Refunds: # of Refunds: _____ - \$ _____

Total Gross Sales = \$ 2484.93

Monthly Compensation

Monthly Commission (10 % rate x Total Gross Sales) \$ 248.49

State Use Tax (____ % rate x Monthly Commission) + \$ _____

State Use Tax Exempt Amount (enter \$0.00 if not exempt) - \$ _____

Monthly Vending Machine Fee: # of Machines: _____ + \$ _____

Monthly Utility Fee(s) to Park + \$ _____

Pass through fee Pavilion rentals + \$ _____

Other Payments (identify) _____ + \$ _____

Total Monthly Compensation Due: = \$ 248.49

Improvements Spending

Monthly Spending \$ _____

Total Spending, Year to Date \$ _____

EXHIBIT E
Profit and Loss Statement for September 2017 (Month)

	GROSS SALES	LESS COMMISSIONS PAID	Less Cost of Goods Sold	Less Operating Expenses	Less Taxes	Net Profit/Loss
SERVICES	2646.45	552.59		5906.48	161.52	-3974.14
Comments						

Add a second page, as needed to provide an inclusive list of services, including revenue from subcontractors

TOTALS:	2646.4505	0	552.59	0	0	0	5906.48	0	161.5205	0	-3974.14
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Prepared by: SANDRA BEEL

Capacity: ACCOUNTING MANAGER FOR FORT PIERCE OUTDOOR CENTER

Date Submitted: 10-10-17

CERTIFICATION: I certify this monthly profit and loss 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: Sandra Beel Date: 10-10-17

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Fort Pierce Outdoor Center
Profit & Loss
September 2017

10/17

crual Basis

	<u>Sep 17</u>
Ordinary Income/Expense	
Income	
Kayak Rental Income	1,627.43
SUP rental Income	580.00
surf board rental income	120.00
Tandem Kayak	157.50
Total Income	<u>2,484.93</u>
Expense	
Commission Expense	552.59
Dues and Memberships	30.00
Equipment /Lease rental	539.22
Insurance Expense	836.00
Office Supplies	56.18
Payroll Expenses	
Manager wages	3,300.00
Tiki Pay	96.00
Payroll Expenses - Other	247.50
Total Payroll Expenses	<u>3,643.50</u>
Payroll tax	
FUTA Fed unemp annual	2.07
Medicare tax	52.83
RT6 FL unemp	9.27
SS Tax	225.90
Total Payroll tax	<u>290.07</u>
Square/Xola Fees	246.05
Supplies - Building	97.26
Telephone Expense	168.20
Total Expense	<u>6,459.07</u>
Net Ordinary Income	<u>-3,974.14</u>
Net Income	<u><u>-3,974.14</u></u>

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

Park: FORT PIERCE INLET STATE PARK Date: 11-7-17

Concessionaire Name: Fort Pierce Outdoor Center

Period Covered: From 10-1-17 To 10-31-17

Gross Sales

Sale Location(s): Fort Pierce Inlet State Park \$ 1673⁷⁸

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): _____ + \$ _____

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: - \$ 102¹⁶

Total Funds from Concessionaire Employee Food Consumption: - \$ _____

Total Customer Refunds: # of Refunds: _____ - \$ _____

Total Gross Sales = \$ 1571⁶²

Monthly Compensation
Monthly Commission (10 % rate x Total Gross Sales) \$ 157¹⁶

State Use Tax (____ % rate x Monthly Commission) + \$ _____

State Use Tax Exempt Amount (enter \$0.00 if not exempt) - \$ _____

Monthly Vending Machine Fee: # of Machines: _____ + \$ _____

Monthly Utility Fee(s) to Park + \$ _____

Pass through fee Pavilion rentals + \$ _____

Other Payments (identify) _____ + \$ _____

Total Monthly Compensation Due: = \$ 157¹⁶

Improvements Spending
Monthly Spending \$ _____

Total Spending, Year to Date \$ _____

EXHIBIT E
 Profit and Loss Statement for ~~September~~ ^{October} 2017 (Month)

SERVICES	GROSS SALES	LESS COMMISSIONS PAID	Less Cost of Goods Sold	Less Operating Expenses	Less Taxes	Net Profit/Loss
	1673.78	248.49		4541.43	102.16	-3218.30
Comments						

Add a second page, as needed to provide an inclusive list of services, including revenue from subcontractors

TOTALS:

1673.7753	0	248.49	0	0	0	4541.43	0	102.1553	0	-3218.3
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Prepared by: SANDRA BEEL
 Capacity: ACCOUNTING MANAGER FOR FORT PIERCE OUTDOOR CENTER
 Date Submitted: 11-7-17

CERTIFICATION: I certify this monthly profit and loss 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: Sandra Beel Date: 11-7-17

Fort Pierce Outdoor Center
Profit & Loss
October 2017

	Oct 17
Ordinary Income/Expense	
Income	
Concession Joe Dawgs	42.45
Kayak Rental Income	888.37
Pavillion rental	80.80
SUP rental Income	200.00
surf board rental income	360.00
	1,571.62
Expense	
Commission Expense	248.49
Contract Labor	
Tiki Labor	103.90
tour labor	190.00
	293.90
Total Contract Labor	293.90
Dues and Memberships	30.00
Equipment /Lease rental	539.22
Payroll Expenses	
Manager wages	3,000.00
Payroll Expenses - Other	157.50
	3,157.50
Total Payroll Expenses	3,157.50
Payroll tax	
FUTA Fed unemp annual	0.94
Medicare tax	45.78
RT6 FL unemp	4.26
SS Tax	195.76
	246.74
Total Payroll tax	246.74
Reconciliation Discrepancies	0.01
Square/Xola Fees	245.92
Utilities	28.14
	4,789.92
Total Expense	4,789.92
Net Ordinary Income	-3,218.30
Net Income	-3,218.30

EXHIBIT D

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

Park: FORT PIERCE INLET STATE PARK Date: 1-10-18

Concessionaire Name: Fort Pierce Outdoor Center

Period Covered: From 12-1-17 To 12-31-17

Gross Sales

Sale Location(s): Fort Pierce Inlet State Park \$ 458²²

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): _____ + \$ _____

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: _____ - \$ 27⁹⁷

Total Funds from Concessionaire Employee Food Consumption: _____ - \$ _____

Total Customer Refunds: # of Refunds: _____ - \$ _____

Total Gross Sales = \$ 430²⁵

Monthly Compensation
Monthly Commission (10 % rate x Total Gross Sales) \$ 43.03

State Use Tax (____ % rate x Monthly Commission) + \$ _____

State Use Tax Exempt Amount (enter \$0.00 if not exempt) - \$ _____

Monthly Vending Machine Fee: # of Machines: _____ + \$ _____

Monthly Utility Fee(s) to Park + \$ _____

Pass through fee Pavilion rentals + \$ _____

Other Payments (Identify) _____ + \$ _____

Total Monthly Compensation Due: = \$ 43⁰³

Improvements Spending
Monthly Spending \$ _____

Total Spending, Year to Date \$ _____

Fort Pierce Outdoor Center
Profit & Loss
December 2017

	<u>Dec 17</u>
Ordinary Income/Expense	
Income	
Kayak Rental Income	328.25
SUP rental Income	102.00
	<hr/>
Total Income	430.25
Expense	
Bank Service Charges	36.02
Commission Expense	103.50
Dues and Memberships	30.00
Dues/Subscriptions	15.00
Equipment /Lease rental	539.22
Payroll Expenses	
Manager wages	1,825.00
	<hr/>
Total Payroll Expenses	1,825.00
Payroll tax	
FUTA Fed unemp annual	0.00
Medicare tax	26.47
RT6 FL unemp	0.00
SS Tax	113.15
	<hr/>
Total Payroll tax	139.62
Square/Xola Fees	110.95
Tax Late fee	50.00
Utilities	11.57
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Total Expense	2,860.88
	<hr/>
Net Ordinary Income	-2,430.63
	<hr/>
Net Income	-2,430.63
	<hr/> <hr/>

EXHIBIT E
 Profit and Loss Statement for DECEMBER 2017 (Month)

	GROSS SALES	LESS COMMISSIONS PAID	Less Cost of Goods Sold	Less Operating Expenses	Less Taxes	Net Profit/Loss
SERVICES	458.22	103.5		2757.38	27.97	-2430.63
Comments						

Add a second page, as needed to provide an inclusive list of services, including revenue from subcontractors

TOTALS:

458.21625	0	103.5	0	0	0	2757.38	0	27.96625	0	-2430.63
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Prepared by: SANDRA BEEL
 Capacity: ACCOUNTING MANAGER FOR FORT PIERCE OUTDOOR CENTER
 Date Submitted: 1-10-18

CERTIFICATION: I certify this monthly profit and loss 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: *Sandra Beel* Date: 1-10-18