

EXHIBIT D

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

Park: FORT PIERCE INLET STATE PARK Date: 7-5-18

Concessionaire Name: Fort Pierce Outdoor Center

Period Covered: From 6-1-18 To 6-30-18

Gross Sales

Sale Location(s): Fort Pierce Inlet State Park \$ 8390⁹⁹
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: _____

Total Funds from Concessionaire Employee Food Consumption: _____

Total Customer Refunds: # of Refunds: _____

Total Gross Sales

Monthly Compensation

Monthly Commission (10 % rate x Total Gross Sales)

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:

Improvements Spending

Monthly Spending

Total Spending, Year to Date

+ \$ _____
- \$ 548⁹⁹
- \$ _____
- \$ _____
= \$ 7842⁰⁵
\$ 784²⁰
+ \$ _____
- \$ _____
+ \$ _____
+ \$ _____
+ \$ _____
+ \$ _____
= \$ 784²⁰
\$ _____
\$ _____

EXHIBIT E

Profit and Loss Statement for JUNE 2018 (Month)

SERVICES	GROSS SALES	LESS COMMISSIONS	Less Cost of Goods Sold	Less Operating Expenses	Less Taxes	Net Profit/Loss
	8390.99	550.38		5491.42	548.94	1800.25

Comments

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

TOTALS:

8390.994	0	550.38	0	0	0	5491.42	0	548.9435	0	1800.25
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Prepared by: SANDRA BEEL

Capacity: ACCOUNTING MANAGER FOR FORT PIERCE OUTDOOR CENTER

Date Submitted: 7-5

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:

7-5-18

Fort Pierce Outdoor Center
Profit & Loss
 June 2018

05/18

crual Basis

	Jun 18
Ordinary Income/Expense	
Income	
Kayak Rental Income	1,119.48
mangrove tour income	40.00
Membership income	40.00
Pavillion rental	250.00
Sales	
launch income	5.00
Total Sales	5.00
Summer Camp Income	1,955.00
SUP rental Income	1,400.00
surf board rental income	109.86
Tandem Kayak	1,622.71
wedding income	1,300.00
Total Income	7,842.05
Expense	
Automobile Expense	25.00
camp supplies	43.37
Contract Labor	
Tiki Labor	-100.00
tour labor	60.00
Total Contract Labor	-40.00
Dues and Memberships	30.00
Dues/Subscriptions	20.00
Equipment /Lease rental	1,078.44
Fees Paid to State Park	550.38
Marketing/Website Maintenance	600.00
Office Supplies	-250.00
Payroll Expenses	
Admin	90.00
Marketing	1,286.25
Tiki Pay	1,060.25
Payroll Expenses - Other	621.00
Total Payroll Expenses	3,057.50
Payroll tax	
FUTA Fed unemp annual	17.15
Medicare tax	41.45
RT6 FL unemp	77.17
SS Tax	177.20
Total Payroll tax	312.97
Square/Xola Fees	322.08
Tours supplies	122.00
Training Expense	-100.00
Utilities	80.06
Wedding Expense	190.00
Total Expense	6,041.80
Net Ordinary Income	1,800.25
Net Income	1,800.25

EXHIBIT E

Profit and Loss Statement for JULY 2018 (Month)

SERVICES	GROSS SALES	LESS COMMISSIONS PAID	Less Cost of Goods Sold	Less Operating Expenses	Less Taxes	Net Profit/Loss
	8170.83	1500		9618.66	534.54	-3482.37

Comments

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

TOTALS:

8170.83	0	1500	0	0	0	9618.66	0	534.5403	0	-3482.37
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Prepared by: SANDRA BEEL

Capacity: ACCOUNTING MANAGER FOR FORT PIERCE OUTDOOR CENTER

Date Submitted: 8-7-18

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.

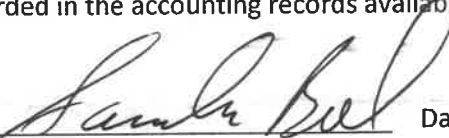
Signature of Concessionaire:  Date: 8-7-18

EXHIBIT D

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

Park: FORT PIERCE INLET STATE PARK Date: 8-7-18

Concessionaire Name: Fort Pierce Outdoor Center

Period Covered: From 7-1-18 To 7-31-18

Gross Sales

Sale Location(s): Fort Pierce Inlet State Park \$ 8,170⁸³

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: _____ - \$ 534⁵⁴

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

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

Total Gross Sales = \$ 7636²⁹

Monthly Compensation
Monthly Commission (10 % rate x Total Gross Sales) = \$ 763⁶²

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: = \$ 763⁶²

Improvements Spending
Monthly Spending _____ \$ _____

Total Spending, Year to Date _____ \$ _____

Fort Pierce Outdoor Center
Profit & Loss
July 2018

	Jul 18
Ordinary Income/Expense	
Income	
Body Board income	80.00
Concession Joe Dawgs	334.80
Custom Group	343.00
Food Vendor Income	352.92
Kayak Rental Income	1,045.57
mangrove tour income	400.00
Pavillion rental	400.00
private lesson income	180.00
Summer Camp Income	-545.00
SUP rental Income	1,940.00
surf board rental income	20.00
Tandem Kayak	1,735.00
wedding income	1,350.00
	7,636.29
Total Income	
Expense	
Bank Service Charges	36.00
camp supplies	9.00
Dues and Memberships	30.00
Dues/Subscriptions	30.00
Fees Paid to State Park	1,500.00
Marketing/Website Maintenance	600.00
Minimums Due - State Park	2,120.60
Office Supplies	-150.00
Payroll Expenses	
Admin	602.50
camp counselor	955.00
Private Lesson pay	30.00
Tiki Pay	3,336.25
Tours	82.50
Payroll Expenses - Other	495.50
	5,501.75
Total Payroll Expenses	
Payroll tax	
FUTA Fed unemp annual	32.39
Medicare tax	78.28
RT6 FL unemp	145.77
SS Tax	334.73
	591.17
Total Payroll tax	
Professional Fees	370.00
Square/Xola Fees	270.59
Tours supplies	96.00
Utilities	113.55
	11,118.66
Total Expense	
Net Ordinary Income	-3,482.37
Net Income	-3,482.37

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11/18

crual Basis

Fort Pierce Outdoor Center

Profit & Loss

August 2018

	<u>Aug 18</u>
Ordinary Income/Expense	
Income	
Body Board income	20.00
Custom Group	405.00
Food Vendor Income	179.42
Kayak Rental Income	1,705.00
mangrove tour income	280.00
Pavillion rental	80.00
Summer Camp Income	-50.00
SUP rental Income	1,390.00
surf board rental income	150.00
Tandem Kayak	1,260.00
wedding income	-425.00
Total Income	<u>4,994.42</u>
Expense	
camp supplies	13.00
Dues and Memberships	30.00
Dues/Subscriptions	30.00
Equipment /Lease rental	539.22
Fees Paid to State Park	763.62
Marketing/Website Maintenance	600.00
Payroll Expenses	
Admin	245.00
Marketing	50.00
Tiki Pay	2,660.00
Tours	97.50
Payroll Expenses - Other	33.25
Total Payroll Expenses	<u>3,085.75</u>
Payroll tax	
FUTA Fed unemp annual	16.67
Medicare tax	44.26
RT6 FL unemp	75.00
SS Tax	189.26
Total Payroll tax	<u>325.19</u>
Professional Fees	100.00
Square/Xola Fees	210.92
Total Expense	<u>5,697.70</u>
Net Ordinary Income	<u>-703.28</u>
Net Income	<u><u>-703.28</u></u>

EXHIBIT E
Profit and Loss Statement for AUGUST 2018 (Month)

	LESS COMMISSIONS PAID	Less Cost of Goods Sold	Less Operating Expenses	Less Taxes	Net Profit/Loss
SERVIC GROSS SALES	763.62		4934.08	349.61	-703.28
5344.03					
Comments					

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

TOTALS:

5344.03	0	763.62	0	0	0	4934.08	0	349.61	0	-703.28
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Prepared by: SANDRA BEEL

Capacity: ACCOUNTING MANAGER FOR FORT PIERCE OUTDOOR CENTER

Date Submitted: 9-10-18

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: 9-10-18

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 8-1-18 To 8-31-18

Gross Sales

Sale Location(s): Fort Pierce Inlet State Park \$ 5334⁰³
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: _____ - \$ 34961

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

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

Total Gross Sales _____ = \$ 498442

Monthly Compensation

Monthly Commission (10 % rate x Total Gross Sales) _____ \$ 49844

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: _____ = \$ 49844

Improvements Spending

Monthly Spending _____ \$ _____

Total Spending, Year to Date _____ \$ _____

EXHIBIT E

Profit and Loss Statement for SEPTEMBER 2018 (Month)

SERVICES	GROSS SALES	LESS COMMISSIONS PAID	Less Cost of Goods Sold	Less Operating Expenses	Less Taxes	Net Profit/Loss
	695.50	498.44		2273.64	45.50	-2122.08
Comments						

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

TOTALS:

695.5	0	498.44	0	0	0	2273.64	0	45.5	0	-2122.08
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Prepared by: SANDRA BEEL

Capacity: ACCOUNTING MANAGER FOR FORT PIERCE OUTDOOR CENTER

Date Submitted: 10-9-18

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: 10-9-18

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 _____ To _____

Gross Sales

Sale Location(s): FORT PIERCE INLET STATE PARK \$ 695⁵⁰
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: _____

Total Funds from Concessionaire Employee Food Consumption: _____

Total Customer Refunds: # of Refunds: _____

Total Gross Sales

Monthly Compensation

Monthly Commission (10 % rate x Total Gross Sales)

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:

Improvements Spending

Monthly Spending

Total Spending, Year to Date

+ \$
- \$
- \$
= \$ 650⁰⁰
\$ 65⁰⁰
+ \$
- \$
+ \$
+ \$
+ \$
+ \$
= \$ 65⁰⁰
\$
\$

25 AM

09/18

crual Basis

Fort Pierce Outdoor Center
Profit & Loss
September 2018

	<u>Sep 18</u>
Ordinary Income/Expense	
Income	
Kayak Rental Income	150.00
SUP rental Income	280.00
surf board rental income	80.00
Tandem Kayak	140.00
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Total Income	650.00
Expense	
Dues and Memberships	30.00
Dues/Subscriptions	30.00
Fees Paid to State Park	498.44
Payroll Expenses	
Tiki Pay	935.00
Payroll Expenses - Other	364.75
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Total Payroll Expenses	1,299.75
Payroll tax	
FUTA Fed unemp annual	3.90
Medicare tax	18.67
RT6 FL unemp	17.55
SS Tax	79.82
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Total Payroll tax	119.94
Professional Fees	150.00
Square/Xola Fees	120.43
Utilities	198.52
Wedding Expense	325.00
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Total Expense	2,772.08
Net Ordinary Income	<hr/> -2,122.08
Net Income	<hr/> <hr/> -2,122.08

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

SERVICES	GROSS SALES	LESS COMMISSIONS PAID	Less Cost of Goods Sold	Less Operating Expenses	Less Taxes	Net Profit/Loss
	1102.28	157.16		5427.05	67.28	-4549.21

Comments

	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

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

TOTALS:	1102.275	0	157.16	0	0	0	5427.05	0	67.275	0	-4549.21
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Prepared by: SANDRA BEEL
 Capacity: ACCOUNTING MANAGER FOR FORT PIERCE OUTDOOR CENTER
 Date Submitted: 12-14-17

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: 12-14-17

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

Park: FORT PIERCE INLET STATE PARK Date: _____

Concessionaire Name: Fort Pierce Outdoor Center

Period Covered: From 11-1-17 To 11-30-17

Gross Sales

Sale Location(s): Fort Pierce Inlet State Park \$ 1102²⁸

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: - \$ 67.28

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

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

Total Gross Sales = \$ 1035

Monthly Compensation
Monthly Commission (10 % rate x Total Gross Sales) \$ 103⁵⁰

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: = \$ 103⁵⁰

Improvements Spending
Monthly Spending \$ _____

Total Spending, Year to Date \$ _____

Fort Pierce Outdoor Center
Profit & Loss
November 2017

	Nov 17
Ordinary Income/Expense	
Income	
Kayak Rental Income	900.00
SUP rental Income	75.00
surf board rental income	60.00
Total Income	1,035.00
Expense	
Commission Expense	157.16
Dues/Subscriptions	15.00
Equipment /Lease rental	539.22
Insurance Expense	627.00
Payroll Expenses	
Manager wages	3,750.00
Payroll Expenses - Other	90.00
Total Payroll Expenses	3,840.00
Payroll tax	
FUTA Fed unemp annual	0.54
Medicare tax	55.68
RT6 FL unemp	2.43
SS Tax	238.08
Total Payroll tax	296.73
Square/Xola Fees	-70.67
Telephone Expense	168.20
Utilities	11.57
Total Expense	5,584.21
Net Ordinary Income	-4,549.21
Net Income	-4,549.21