

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

Park: Homosassa Springs Wildlife State Park Date: 2/20/2016

Concessionaire Name: Cape Leisure Corporation

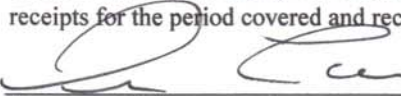
Period Covered: From 1/1/2016 To 1/31/2016

<u>Point of Sale/Location of Cash Receipt (excluding base fee amount)</u>	<u>Gross Sales Subtotal</u>
<u>In-Park Food Sales</u>	<u>\$41,071.59</u>
<u>Retail</u>	<u>\$48,427.03</u>
<u>Pepper Creek Terrace</u>	<u>\$1,126.42</u>
<u>Vending (Net of Sales Tax)</u>	<u>\$184.91</u>

Please refer to the definition of a subcontractor as specified in this agreement. If there are multiple subcontractors, please include the total for all subcontractors on this line; and, list the name of each subcontractor on this form, or on an attached second sheet. If additional space is required, attach second sheet.

<u>Total Gross Sales</u>	<u>\$90,809.95</u>
Monthly Commission: Level Fee/ <u>13</u> % of Gross	<u>\$11,805.29</u>
Use Tax: _____ % of Monthly Commission	<u>Exempt</u>
Other Payments (identify) <u>Refrigerated Vending</u>	<u>\$90.00</u>
Total Payable	<u>\$11,895.29</u>
Use Tax Exemptions	<u> </u>

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 record available for review/audit by the Department.



 Signature of Concessionaire

2-16-16

 Date

 Signature of Accountant

 Date

 Accountant Name

Return this form to the Park Manager

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

Park: Homosassa Springs Wildlife State Park Date: 3/20/2016

Concessionaire Name: Cape Leisure Corporation

Period Covered: From 2/1/2016 To 2/29/2016

<u>Point of Sale/Location of Cash Receipt (excluding base fee amount)</u>	<u>Gross Sales Subtotal</u>
<u>In-Park Food Sales</u>	<u>\$70,059.64</u>
<u>Retail</u>	<u>\$91,192.45</u>
<u>Pepper Creek Terrace</u>	<u>\$2,149.53</u>
<u>Vending (Net of Sales Tax)</u>	<u>\$713.21</u>

Please refer to the definition of a subcontractor as specified in this agreement. If there are multiple subcontractors, please include the total for all subcontractors on this line; and, list the name of each subcontractor on this form, or on an attached second sheet. If additional space is required, attach second sheet.

<u>Total Gross Sales</u>	<u>\$164,114.83</u>
Monthly Commission: Level Fee/ <u>13</u> % of Gross	<u>\$21,334.93</u>
Use Tax: _____ % of Monthly Commission	<u>Exempt</u>
Other Payments (identify) <u>Refrigerated Vending</u>	<u>\$90.00</u>
Total Payable	<u>\$21,424.93</u>
Use Tax Exemptions	<u> </u>

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 record available for review/audit by the Department.


 Signature of Concessionaire

3/14/16
 Date

 Signature of Accountant

 Date

 Accountant Name

Return this form to the Park Manager

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

Park: Homosassa Springs Wildlife State Park Date: 4/20/2016

Concessionaire Name: Cape Leisure Corporation

Period Covered: From 3/1/2016 To 3/31/2016

<u>Point of Sale/Location of Cash Receipt (excluding base fee amount)</u>	<u>Gross Sales Subtotal</u>
<u>In-Park Food Sales</u>	<u>\$89,701.31</u>
<u>Retail</u>	<u>\$118,007.47</u>
<u>Pepper Creek Terrace</u>	<u>\$410.38</u>
<u>Vending (Net of Sales Tax)</u>	<u>\$767.92</u>

Please refer to the definition of a subcontractor as specified in this agreement. If there are multiple subcontractors, please include the total for all subcontractors on this line; and, list the name of each subcontractor on this form, or on an attached second sheet. If additional space is required, attach second sheet.

<u>Total Gross Sales</u>	<u>\$208,887.08</u>
Monthly Commission: Level Fee/ <u>13</u> % of Gross	<u>\$27,155.32</u>
Use Tax: _____ % of Monthly Commission	<u>Exempt</u>
Other Payments (identify) <u>Refrigerated Vending</u>	<u>\$90.00</u>
Total Payable	<u>\$27,245.32</u>
Use Tax Exemptions	_____

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 record available for review/audit by the Department.

[Signature] 4-13-16
 Signature of Concessionaire Date

 Signature of Accountant Date

 Accountant Name

Return this form to the Park Manager

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

Park: Homosassa Springs Wildlife State Park Date: 5/20/2016

Concessionaire Name: Cape Leisure Corporation

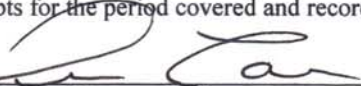
Period Covered: From 4/1/2016 To 4/30/2016

<u>Point of Sale/Location of Cash Receipt (excluding base fee amount)</u>	<u>Gross Sales Subtotal</u>
<u>In-Park Food Sales</u>	<u>\$57,325.13</u>
<u>Retail</u>	<u>\$77,409.98</u>
<u>Pepper Creek Terrace</u>	<u>\$0.00</u>
<u>Vending (Net of Sales Tax)</u>	<u>\$214.03</u>

Please refer to the definition of a subcontractor as specified in this agreement. If there are multiple subcontractors, please include the total for all subcontractors on this line; and, list the name of each subcontractor on this form, or on an attached second sheet. If additional space is required, attach second sheet.

<u>Total Gross Sales</u>	<u>\$134,949.14</u>
Monthly Commission: Level Fee/ <u>13</u> % of Gross	<u>\$17,543.39</u>
Use Tax: _____ % of Monthly Commission	<u>Exempt</u>
Other Payments (identify) <u>Refrigerated Vending</u>	<u>\$90.00</u>
Total Payable	<u>\$17,633.39</u>
Use Tax Exemptions	<u> </u>

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 record available for review/audit by the Department.


 Signature of Concessionaire

5-17-16
 Date

 Signature of Accountant

 Date

 Accountant Name

Return this form to the Park Manager

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

Park: Homosassa Springs Wildlife State Park Date: 6/20/2016

Concessionaire Name: Cape Leisure Corporation

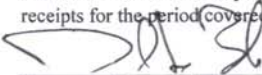
Period Covered: From 5/1/2016 To 5/31/2016

<u>Point of Sale/Location of Cash Receipt (excluding base fee amount)</u>	<u>Gross Sales Subtotal</u>
<u>In-Park Food Sales</u>	<u>\$40,090.92</u>
<u>Retail</u>	<u>\$53,802.62</u>
<u>Pepper Creek Terrace</u>	<u>\$0.00</u>
<u>Vending (Net of Sales Tax)</u>	<u>\$0.00</u>

Please refer to the definition of a subcontractor as specified in this agreement. If there are multiple subcontractors, please include the total for all subcontractors on this line; and, list the name of each subcontractor on this form, or on an attached second sheet. If additional space is required, attach second sheet.

<u>Total Gross Sales</u>	<u>\$93,893.54</u>
Monthly Commission: Level Fee/ <u>13</u> % of Gross	<u>\$12,206.16</u>
Use Tax: _____ % of Monthly Commission	<u>Exempt</u>
Other Payments (identify) <u>Refrigerated Vending</u>	<u>\$90.00</u>
Total Payable	<u>\$12,296.16</u>
Use Tax Exemptions	_____

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 record available for review/audit by the Department.


 Signature of Concessionaire

6/15/16
 Date

 Signature of Accountant

 Date

 Accountant Name

Return this form to the Park Manager

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

Park: Homosassa Springs Wildlife State Park Date: 7/20/2016

Concessionaire Name: Cape Leisure Corporation

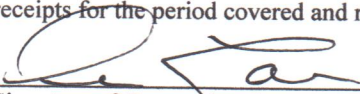
Period Covered: From 6/1/2016 To 6/30/2016

<u>Point of Sale/Location of Cash Receipt (excluding base fee amount)</u>	<u>Gross Sales Subtotal</u>
<u>In-Park Food Sales</u>	<u>\$38,772.68</u>
<u>Retail</u>	<u>\$59,034.71</u>
<u>Pepper Creek Terrace</u>	<u>\$1,218.87</u>
<u>Vending (Net of Sales Tax)</u>	<u>\$554.72</u>

Please refer to the definition of a subcontractor as specified in this agreement. If there are multiple subcontractors, please include the total for all subcontractors on this line; and, list the name of each subcontractor on this form, or on an attached second sheet. If additional space is required, attach second sheet.

<u>Total Gross Sales</u>	<u>\$99,580.98</u>
Monthly Commission: Level Fee/ <u>13</u> % of Gross	<u>\$12,945.53</u>
Use Tax: _____ % of Monthly Commission	<u>Exempt</u>
Other Payments (identify) <u>Refrigerated Vending</u>	<u>\$90.00</u>
Total Payable	<u>\$13,035.53</u>
Use Tax Exemptions	_____

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 record available for review/audit by the Department.


 Signature of Concessionaire

7-14-16
 Date

 Signature of Accountant

 Date

 Accountant Name

Return this form to the Park Manager

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

Park: Homosassa Springs Wildlife State Park Date: 8/20/2016

Concessionaire Name: Cape Leisure Corporation

Period Covered: From 7/1/2016 To 7/31/2016

<u>Point of Sale/Location of Cash Receipt (excluding base fee amount)</u>	<u>Gross Sales Subtotal</u>
<u>In-Park Food Sales</u>	<u>\$50,160.93</u>
<u>Retail</u>	<u>\$64,756.21</u>
<u>Pepper Creek Terrace</u>	<u>\$350.00</u>
<u>Vending (Net of Sales Tax)</u>	<u>\$662.85</u>

Please refer to the definition of a subcontractor as specified in this agreement. If there are multiple subcontractors, please include the total for all subcontractors on this line; and, list the name of each subcontractor on this form, or on an attached second sheet. If additional space is required, attach second sheet.

<u>Total Gross Sales</u>	<u>\$115,929.99</u>
Monthly Commission: Level Fee/ <u>13</u> % of Gross	<u>\$15,070.90</u>
Use Tax: _____ % of Monthly Commission	<u>Exempt</u>
Other Payments (identify) <u>Refrigerated Vending</u>	<u>\$90.00</u>
Total Payable	<u>\$15,160.90</u>
Use Tax Exemptions	_____

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

8/16/16

 Date

 Signature of Accountant

 Date

 Accountant Name

Return this form to the Park Manager

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

Park: Homosassa Springs Wildlife State Park Date: 9/20/2016

Concessionaire Name: Cape Leisure Corporation

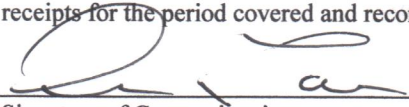
Period Covered: From 8/1/2016 To 8/31/2016

<u>Point of Sale/Location of Cash Receipt (excluding base fee amount)</u>	<u>Gross Sales Subtotal</u>
<u>In-Park Food Sales</u>	<u>\$25,833.45</u>
<u>Retail</u>	<u>\$40,888.81</u>
<u>Pepper Creek Terrace</u>	<u>\$1,281.13</u>
<u>Vending (Net of Sales Tax)</u>	<u>\$916.98</u>

Please refer to the definition of a subcontractor as specified in this agreement. If there are multiple subcontractors, please include the total for all subcontractors on this line; and, list the name of each subcontractor on this form, or on an attached second sheet. If additional space is required, attach second sheet.

<u>Total Gross Sales</u>	<u>\$68,920.37</u>
Monthly Commission: Level Fee/ <u>13</u> % of Gross	<u>\$8,959.65</u>
Use Tax: _____ % of Monthly Commission	<u>Exempt</u>
Other Payments (identify) <u>Refrigerated Vending</u>	<u>\$90.00</u>
Total Payable	<u>\$9,049.65</u>
Use Tax Exemptions	_____

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 record available for review/audit by the Department.



 Signature of Concessionaire

9-13-16

 Date

 Signature of Accountant

 Date

 Accountant Name

Return this form to the Park Manager

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

Park: Homosassa Springs Wildlife State Park Date: 10/20/2016

Concessionaire Name: Cape Leisure Corporation

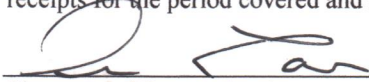
Period Covered: From 9/1/2016 To 9/30/2016

<u>Point of Sale/Location of Cash Receipt (excluding base fee amount)</u>	<u>Gross Sales Subtotal</u>
<u>In-Park Food Sales</u>	<u>\$12,107.76</u>
<u>Retail</u>	<u>\$19,107.91</u>
<u>Pepper Creek Terrace</u>	<u>\$1,100.94</u>
<u>Vending (Net of Sales Tax)</u>	<u>\$298.11</u>

Please refer to the definition of a subcontractor as specified in this agreement. If there are multiple subcontractors, please include the total for all subcontractors on this line; and, list the name of each subcontractor on this form, or on an attached second sheet. If additional space is required, attach second sheet.

<u>Total Gross Sales</u>	<u>\$32,614.72</u>
Monthly Commission: Level Fee/ <u>13</u> % of Gross	<u>\$4,239.91</u>
Use Tax: _____ % of Monthly Commission	<u>Exempt</u>
Other Payments (identify) <u>Refrigerated Vending</u>	<u>\$90.00</u>
Total Payable	<u>\$4,329.91</u>
Use Tax Exemptions	_____

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 record available for review/audit by the Department.


 Signature of Concessionaire

10-17-16
 Date

 Signature of Accountant

 Date

 Accountant Name

Return this form to the Park Manager

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

Park: Homosassa Springs Wildlife State Park Date: 12/20/2016

Concessionaire Name: Cape Leisure Corporation

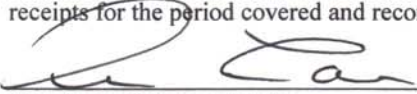
Period Covered: From 11/1/2016 To 11/30/2016

<u>Point of Sale/Location of Cash Receipt (excluding base fee amount)</u>	<u>Gross Sales Subtotal</u>
<u>In-Park Food Sales</u>	<u>\$28,675.57</u>
<u>Retail</u>	<u>\$41,721.60</u>
<u>Pepper Creek Terrace</u>	<u>\$1,398.59</u>
<u>Vending (Net of Sales Tax)</u>	<u>\$677.36</u>

Please refer to the definition of a subcontractor as specified in this agreement. If there are multiple subcontractors, please include the total for all subcontractors on this line; and, list the name of each subcontractor on this form, or on an attached second sheet. If additional space is required, attach second sheet.

<u>Total Gross Sales</u>	<u>\$72,473.12</u>
Monthly Commission: Level Fee/ <u>13</u> % of Gross	<u>\$9,421.51</u>
Use Tax: _____ % of Monthly Commission	<u>Exempt</u>
Other Payments (identify) <u>Refrigerated Vending</u>	<u>\$90.00</u>
Total Payable	<u>\$9,511.51</u>
Use Tax Exemptions	_____

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 record available for review/audit by the Department.


 Signature of Concessionaire

12-16-16
 Date

 Signature of Accountant

 Date

 Accountant Name

Return this form to the Park Manager

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

Park: Homosassa Springs Wildlife State Park Date: 1/20/2017

Concessionaire Name: Cape Leisure Corporation

Period Covered: From 12/1/2016 To 12/31/2016

<u>Point of Sale/Location of Cash Receipt (excluding base fee amount)</u>	<u>Gross Sales Subtotal</u>
<u>In-Park Food Sales</u>	<u>\$43,809.49</u>
<u>Retail</u>	<u>\$53,206.97</u>
<u>Pepper Creek Terrace</u>	<u>\$350.00</u>
<u>Vending (Net of Sales Tax)</u>	<u>\$496.23</u>

Please refer to the definition of a subcontractor as specified in this agreement. If there are multiple subcontractors, please include the total for all subcontractors on this line; and, list the name of each subcontractor on this form, or on an attached second sheet. If additional space is required, attach second sheet.

<u>Total Gross Sales</u>	<u>\$97,862.69</u>
Monthly Commission: Level Fee/ <u>13</u> % of Gross	<u>\$12,722.15</u>
Use Tax: _____ % of Monthly Commission	<u>Exempt</u>
Other Payments (identify) <u>Refrigerated Vending</u>	<u>\$90.00</u>
Total Payable	<u>\$12,812.15</u>
Use Tax Exemptions	_____

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 record available for review/audit by the Department.


 Signature of Concessionaire

1-16-17
 Date

 Signature of Accountant

 Date

 Accountant Name

Return this form to the Park Manager

Cg
Rec'd
1-20-17
4:22pm