Park:	Homosassa Sprin	gs Wildlife State Park	Date: 2/20/2016
Concessio	onaire Name:	Cape Leisure Corporation	
Period Co	overed:	From 1/1/2016	To <u>1/31/2016</u>
Point of s	Sale/Location of C	ash Receipt (excluding base fee amount)	Gross Sales Subtotal
In-Park F	ood Sales		\$41,071.59
Retail			\$48,427.03
Pepper C	геек Тегтасе		\$1,126.42
Vending (Net of Sales Tax)		\$184.91	

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.

Total Gross Sales		\$90,809.95
Monthly Commission: Level Fee/ 13 % of Gross		\$11,805.29
Use Tax:	% of Monthly Commission	Exempt
Other Payments (identify)	Refrigerated Vending	\$90.00
Total Payable		\$11,895.29
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 georded in the accounting record available for review/audit by the Department.

CA Signature of Concessionaire

<u>Date</u>

Signature of Accountant

Date

Accountant Name

Park: Homosassa Springs W	ildlife State Park	Date: 3/20/2016
Concessionaire Name:	Cape Leisure Corporation	
Period Covered:	From2/1/2016	To <u>2/29/2016</u>
Point of Sale/Location of Cash	Receipt (excluding base fee amount)	Gross Sales Subtotal
In-Park Food Sales		\$70,059.64
Retail		\$91,192.45
Pepper Creek Terrace		\$2,149.53
Vending (Net of Sales Tax)		\$713.21

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.

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

CERTIFICATION: I certify that this monthly gross sales statement is true and correct and is based upon actual gross for the period covered and recorded in the accounting record available for review/audit by the Department.

Signature of Concessionaire

141 Date

Signature of Accountant

Date

Accountant Name

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

Park: Homosassa Sprin	ngs Wildlife State Park	Date: 4/20/2016
Concessionaire Name:	Cape Leisure Corporation	
Period Covered:	From <u>3/1/2016</u>	To <u>3/31/2016</u>
Point of Sale/Location of Cash Receipt (excluding base fee amount)		Gross Sales Subtotal
In-Park Food Sales		\$89,701.31
Retail		\$118,007.47
Pepper Creek Terrace		\$410.38
Vending (Net of Sales Tax)		\$767.92

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.

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

4-13-16

Signature of Concessionaire

Date

Signature of Accountant

Date

Accountant Name

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

Park: Homosassa Springs Wi	Idlife State Park	Date: <u>5/20/2016</u>
Concessionaire Name:	Cape Leisure Corporation	
Period Covered:	From <u>4/1/2016</u>	To4/30/2016
Point of Sale/Location of Cash Receipt (excluding base fee amount)		Gross Sales Subtotal
In-Park Food Sales		\$57,325.13
Retail		\$77,409.98
Pepper Creek Terrace		\$0.00
Vending (Net of Sales Tax)		\$214.03

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.

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

5-17-16 Date

Signature of Accountant

Date

Accountant Name

Park: Homosassa Springs W	/ildlife State Park	Date: 7/20/2016
Concessionaire Name:	Cape Leisure Corporation	
Period Covered:	From	To6/30/2016
Point of Sale/Location of Cash Receipt (excluding base fee amount)		Gross Sales Subtotal
In-Park Food Sales		\$38,772.68
Retail		\$59,034.71
Pepper Creek Terrace		\$1,218.87
Vending (Net of Sales Tax)		\$554.72

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.

Total Gross Sales	\$00. 5 90.09	
Total Gross Sales	\$99,580.98	
Monthly Commission: Level Fee/ 13 % of C	Gross \$12,945.53	
Use Tax:% of Month	ly Commission Exempt	
Other Payments (identify) Refrig	gerated Vending \$90.00	
Total Payable	\$13,035.53	
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.

5 0 -Signature of Concessionaire

7-14-16 Date

Signature of Accountant

Date

Accountant Name

Return this form to the Park Manager

June 2016

Park: Homosassa Springs W	ildlife State Park	Date: 8/20/2016
Concessionaire Name:	Cape Leisure Corporation	
Period Covered:	From 7/1/2016	То
Point of Sale/Location of Cash	Receipt (excluding base fee amount)	Gross Sales Subtotal
In-Park Food Sales		\$50,160.93
Retail		\$64,756.21
Pepper Creek Terrace		\$350.00
Vending (Net of Sales Tax)		\$662.85

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.

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

<u>8/16/16</u> Date

Signature of Accountant

Date

Accountant Name

Return this form to the Park Manager

July 2016

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

Park: Homosassa Sprin	gs Wildlife State Park	Date: 9/20/2016
Concessionaire Name:	Cape Leisure Corporation	
Period Covered:	From <u>8/1/2016</u>	To <u>8/31/2016</u>
Point of Sale/Location of Cash Receipt (excluding base fee amount)		Gross Sales Subtotal
In-Park Food Sales		\$25,833.45
Retail		\$40,888.81
Pepper Creek Terrace		\$1,281.13
Vending (Net of Sales Tax)		\$916.98

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.

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

a Signature of Concessionaire

<u>9-13-16</u> Date

Signature of Accountant

Date

Accountant Name

Return this form to the Park Manager

Aug 2016

Park: Homosassa Springs Wildlife State Park		Date: <u>10/20/2016</u>
Concessionaire Name:	Cape Leisure Corporation	
Period Covered:	From <u>9/1/2016</u>	To <u>9/30/2016</u>
Point of Sale/Location of Cash	Receipt (excluding base fee amount)	Gross Sales Subtotal
In-Park Food Sales		\$12,107.76
Retail		\$19,107.91
Pepper Creek Terrace		\$1,100.94
Vending (Net of Sales Tax)		\$298.11

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.

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

2 < Signature of Concessionaire

10-17-14 Date

Signature of Accountant

Date

Accountant Name

Return this form to the Park Manager

Sept. 2016

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

Park: Homosassa Springs Wildlife State Park		Date: 11/20/2016
Concessionaire Name:	Cape Leisure Corporation	
Period Covered:	Fro <mark>m10/1/2016</mark>	To <u>10/31/2016</u>
Point of Sale/Location of Cash Receipt (excluding base fee amount)		Gross Sales Subtotal
In-Park Food Sales		\$26,962.17
Retail		\$37,268.93
Pepper Creek Terrace		\$515.09
Vending (Net of Sales Tax)		\$180.19

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.

Total Gross Sales		\$64,926.38
Monthly Commission: Level Fee/ 13 % of Gross		\$8,440.43
Use Tax:	% of Monthly Commission	Exempt
Other Payments (identify)	Refrigerated Vending	\$90.00
Total Payable		\$8,530.43
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.

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Signature of Concessionaire

/1-15-14 Date

Signature of Accountant

Date

Accountant Name

Oct. 2016

Return this form to the Park Manager

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 <u>11/1/2016</u>	To <u>11/30/2016</u>
Point of Sale/Location of Cash Receipt (excluding base fee amount)		Gross Sales Subtotal
In-Park Food Sales		\$28,675.57
Retail		\$41,721.60
Pepper Creek Terrace		\$1,398.59
Vending (Net of Sales Tax)		\$677.36

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.

Total Gross Sales		\$72,473.12
Monthly Commission: Level Fee/	13_% of Gross	\$9,421.51
Use Tax:	% of Monthly Commission	Exempt
Other Payments (identify)	Refrigerated Vending	\$90.00
Total Payable		\$9,511.51
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 pyriod covered and recorded in the accounting record available for review/audit by the Department.

>0

Signature of Concessionaire

12-16-16 Date

Signature of Accountant

Date

Accountant Name

Return this form to the Park Manager

Nov. 2014

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

Park: Homosassa Springs W	ildlife State Park	Date: 1/20/2017
Concessionaire Name:	Cape Leisure Corporation	
Period Covered:	From <u>12/1/2016</u>	To <u>12/31/2016</u>
Point of Sale/Location of Cash Receipt (excluding base fee amount)		Gross Sales Subtotal
In-Park Food Sales		\$43,809.49
Retail		\$53,206.97
Pepper Creek Terrace		\$350.00
Vending (Net of Sales Tax)		\$496.23

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.

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

a Signature of Concessionaire

1-16-17 Date

Signature of Accountant

Date

Accountant Name

Return this form to the Park Manager

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Dec. 2016