EXHIBIT E

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

| Park: Homosassa Springs | s Wildlife State Park | Date: 2/20/2017 |
|------------------------------|--|---|
| Concessionaire Name: | Cape Leisure Corporation | |
| Period Covered: | From1/1/2017 | To1/31/2017 |
| Point of Sale/Location of Ca | sh Receipt (excluding base fee amount) | Gross Sales Subtotal |
| In-Park Food Sales | | \$38,988.49 |
| Retail | | \$51,067.61 |
| Pepper Creek Terrace | | \$700.00 |
| Vending (Net of Sales Tax) | | \$924.53 |
| Total Gross Sales | | \$91 680 63 |
| Total Gross Sales | | \$91,680.63 |
| Monthly Commission: Level 1 | | \$11,918.48 |
| Use Tax: | % of Monthly Commission | Exempt |
| Other Payments (identify) | Refrigerated Vending | \$90.00 |
| Total Payable | | \$12,008.48 |
| Use Tax Exemptions | | |
| | nat this monthly gross sales statement is true and and recorded in the accounting record available and accounting record available accounting record available and accounting record available accounting record accounting re | ole for review/audit by the Department. |
| Signature of Accountant | Date | |
| Accountant Name | | |

Return this form to the Park Manager

| Park: Homosassa Springs | Wildlife | State Park | Date:_ | 3/20/2017 |
|--|-------------------|---|-----------------------------------|--------------|
| Concessionaire Name: | Cape | Leisure Homosassa, LLC | | <u> </u> |
| Period Covered: | From | 2/1/2017 | To_ | 2/28/2017 |
| Gross Sales | | | | |
| Sales Location(s): | Multip | e | _ | \$151,245.64 |
| If there are multiple point of sal line; and, list the name and total | e location | ons, please include the total sale of each location on an attached | es for all location second sheet. | ons on this |
| Subcontractor(s): | None | | +_ | 0 |
| subcontractors, please include | the tota | 11 of this Agreement. If there are I gross sales for all subcontractor subcontractor on an attached s | ors on this line; | and, list |
| Total Taxes Collected: | | | | 8,296.22 |
| Total Funds from Concessiona | ADDRESS OF STREET | | - <u>-</u> | 0 |
| Total Customer Refunds: | | # of Refunds: | - | 0 |
| Total Gross Sales | | | =- | \$142,949.42 |
| Monthly Compensation | | | | |
| Monthly Commission (14% rate | e x Tota | l Gross Sales) | _ | \$20,012.92 |
| State Use Tax (6% rate x Mont | hly Con | nmission) | + _ | \$1,200.78 |
| State Use Tax Exempt Amount | t (enter | \$0.00 if not exempt) | - | \$1,200.78 |
| Monthly Vending Machine Fee | | # of Machines: 3 | +_ | \$90.00 |
| Monthly Utility Fee(s) to Park | | | +_ | \$0.00 |
| Pass through fee Pavilion renta | als | | - | |
| Other Payments (identify) | | · · | := | |
| Total Monthly Compensation | Due . | | s- | \$20,102.92 |
| Capital Improvements Spend | ling | | | |
| Monthly Deposit Amount: 2% x | Total G | Gross Sales | . – | \$2,858.99 |

| Monthly Spending | \$0.00 |
|--|---|
| Total Deposits, Year to Date | \$2,858.99 |
| Total Disbursements, Year to Date | 0 |
| Current Balance | \$ 2,858.99 |
| CERTIFICATION: I certify that this monthly gross sales statement is true and based upon actual gross receipts for the period covered and recorded in the a available for review/audit by the Department. Signature of Concessionaire Signature of Concessionaire | |
| Signature of Preparer Date | |
| Preparer Name Return this form to the Department's Agreement Manager | |
| Sales Locations Detail Wildside Café Gator Bites Visitor Center Coffee Vending Popcorn Pretzel Cart Pepper Creek Terrace Nest of Treasures | 35,624.44 17,554.38 3,771.62 579.00 - 8,052.21 3,347.59 |
| Nest of Treasures State of Flegance | 49,439.61 |

151,245.64

Total Sales

Note: Totals are inclusive of Sales Tax collected.

| Park: Homosassa Springs Wild | life State Park | Date: _ | 4/20/2017 |
|---|--|---|--------------|
| Concessionaire Name: <u>Car</u> | oe Leisure Homosassa, LLC | | |
| Period Covered: Fro | m3/1/2017 | To_ | 3/31/2017 |
| Gross Sales | | | |
| Sales Location(s): Mul | ltiple | _ | \$191,527.90 |
| If there are multiple point of sale loca line; and, list the name and total sale | ations, please include the total sa es of each location on an attache | ales for all location ed second sheet. | s on this |
| Subcontractor(s): Nor | ne | +_ | 0 |
| Subcontractor is defined in paragrap subcontractors, please include the to the name and total gross sales of ea | otal gross sales for all subcontra | ctors on this line; a | and, list |
| Total Taxes Collected: | | | 10,506.68 |
| Total Funds from Concessionaire En | nployee Food Consumption: | | 0 |
| Total Customer Refunds: | # of Refunds: | | 0 |
| Total Gross Sales | | = - | \$181,021.22 |
| Monthly Compensation | | | |
| Monthly Commission (14% rate x To | tal Gross Sales) | - | \$25,342.97 |
| State Use Tax (6% rate x Monthly C | ommission) | + | \$1,520.58 |
| State Use Tax Exempt Amount (enter | er \$0.00 if not exempt) | · - , | \$1,520.58 |
| Monthly Vending Machine Fee: | # of Machines: 2 | +. | \$60.00 |
| Monthly Utility Fee(s) to Park | | + . | \$0.00 |
| Pass through fee Pavilion rentals | | + | |
| Other Payments (identify) | | + . | |
| Total Monthly Compensation Due | | = | \$25,402.97 |
| | | | |
| Capital Improvements Spending | | | |
| Monthly Deposit Amount: 2% x Total | l Gross Sales | | \$3,620.42 |
| Monthly Spending | | | \$0.00 |
| Total Deposits, Year to Date | | | \$2,858.99 |

| Total Disbursements, Year to Date | | 0 |
|--|--|--------------------------------|
| Current Balance | | \$6,479.41 |
| CERTIFICATION: I certify that this monthly gross satisfied upon actual gross receipts for the period coveravailable for review/audit by the Department. Signature of Concessionaire | les statement is true and corered and recorded in the accepted and recorded | rect and is ounting records |
| Signature of Preparer | Date | |
| Preparer Name | | |
| Return this form to the Department's Agreement Ma | anager | |
| | | |
| Sales Locations Detail Wildside Café | | 41,902.00 |
| Gator Bites | | 20,550.57 |
| Visitor Center Coffee | | 4,768.26 |
| Vending | | 471.70 |
| Popcorn | | 9,306.95 |
| Pretzel Cart | • | 3,300,95 |
| Pepper Creek Terrace Nest of Treasures | | 64,518.81 |
| State of Elegance | | 39,502.93 |
| Total Sales | | 181,021.22 |

Total Sales

| Park: Homosassa Springs | Wildlife State Park | Date: | 5/20/2017 |
|---|---|---------------------|--------------|
| Concessionaire Name: | Cape Leisure Homosassa, LLC | | |
| Period Covered: | From4/1/2017 | То | 4/30/2017 |
| Gross Sales | | | |
| Sales Location(s): | Multiple | | \$155,185.41 |
| If there are multiple point of sale line; and, list the name and total | e locations, please include the total sales for all I sales of each location on an attached second | locations sheet. | on this |
| Subcontractor(s): | None | + | 0 |
| subcontractors, please include t | ngraph 11 of this Agreement. If there are muliple the total gross sales for all subcontractors on the of each subcontractor on an attached second s | his line; an | d, list |
| Total Taxes Collected: | | | 8,469.10 |
| | e Employee Food Consumption: | | 0 |
| Total Customer Refunds: | # of Refunds: | | 0 |
| Total Gross Sales | | = | \$146,716.31 |
| Monthly Compensation | | | |
| Monthly Commission (14% rate | x Total Gross Sales) | | \$20,540.28 |
| State Use Tax (6% rate x Month | ly Commission) | + | \$1,232.42 |
| State Use Tax Exempt Amount (| (enter \$0.00 if not exempt) | - | \$1,232.42 |
| Monthly Vending Machine Fee: | # of Machines: 2 | + | \$60.00 |
| Monthly Utility Fee(s) to Park | | + | \$0.00 |
| Pass through fee Pavilion rental | s | + | |
| Other Payments (identify) | | + | |
| Total Monthly Compensation I | Due | = | \$20,600.28 |
| | | | |
| Capital Improvements Spending | ng | | |
| Monthly Deposit Amount: 2% x 7 | Total Gross Sales | | \$2,934.33 |
| Monthly Spending | | | \$0.00 |
| Total Deposits, Year to Date | | | \$6,479.41 |
| | | | |

146,716.31

| Total Disbursements, Year to Date | | 0 |
|---|--|---|
| Current Balance | | \$9,413.74 |
| CERTIFICATION: I certify that this monthly gross sales based upon actual gross receipts for the period covered available for review/audit by the Department. Signature of Concessionaire | statement is true and correct d and recorded in the account $\frac{5 - i \% \cdot ()}{\text{Date}}$ | and is ing records |
| Signature of Preparer | Date | |
| Preparer Name | | |
| Return this form to the Department's Agreement Manag | ger | |
| Sales Locations Detail Wildside Café Gator Bites Visitor Center Coffee Vending Popcorn Pretzel Cart Pepper Creek Terrace Nest of Treasures State of Elegance | | 35,478.52 17,140.55 3,621.53 1,447.77 - 6,209.33 964.15 51,083.00 30,771.46 |
| Total Sales | | 146 746 24 |

| Park: Homosassa Springs | Wildlife | State Park | Date: | 6/20/2017 |
|---|----------------------|---|--------------------------|-------------|
| Concessionaire Name: | Cape L | eisure Homosassa, LLC | | |
| Period Covered: | From _ | 5/1/2017 | То | 5/31/2017 |
| Gross Sales | | | | |
| Sales Location(s): | Multiple | e | | \$83,389.45 |
| If there are multiple point of sale line; and, list the name and total | location sales of | ns, please include the total sales for a f each location on an attached second | ll locations I sheet. | on this |
| Subcontractor(s): | None | | + | 0 |
| subcontractors, please include to | he total | 1 of this Agreement. If there are mulip gross sales for all subcontractors on t subcontractor on an attached second | his line; an | d, list |
| Total Taxes Collected: | | | | 4,534.35 |
| Total Funds from Concessionair | e Emplo | yee Food Consumption: | | 0 |
| Total Customer Refunds: | # | f of Refunds: | | 0 |
| Total Gross Sales | 10 | | = | \$78,855.10 |
| Monthly Compensation | | | | |
| Monthly Commission (14% rate | x Total (| Gross Sales) | | \$11,039.71 |
| State Use Tax (6% rate x Month | ly Comn | nission) | + | \$662.38 |
| State Use Tax Exempt Amount (| enter \$0 | 0.00 if not exempt) | - | \$662.38 |
| Monthly Vending Machine Fee: | # | of Machines: 2 | + | \$60.00 |
| Monthly Utility Fee(s) to Park | | | + | \$0.00 |
| Pass through fee Pavilion rentals | S | | + | |
| Other Payments (identify) | | | + | |
| Total Monthly Compensation I | Due | | = | \$11,099.71 |
| | | | | |
| Capital Improvements Spending | ng | | | |
| Monthly Deposit Amount: 2% x 7 | Total Gro | oss Sales | | \$1,577.10 |
| Monthly Spending | | | | \$0.00 |
| Total Deposits, Year to Date | | | _ | \$9,413.74 |

| Total Disbursements, Year to Date | | 0 |
|--|--|--|
| Current Balance | | \$10,990.84 |
| CERTIFICATION: I certify that this monthly gross sa based upon actual gross receipts for the period cover available for review/audit by the Department. Signature of Concessionaire | les statement is true and corrected and recorded in the accorded in the accord | ect and is unting records |
| Signature of Preparer | Date | |
| Preparer Name Return this form to the Department's Agreement Man | nager | |
| Sales Locations Detail Wildside Café Gator Bites Visitor Center Coffee Vending Popcorn Pretzel Cart Pepper Creek Terrace Nest of Treasures State of Elegance Total Sales | | 20,029.59 9,719.51 1,722.35 888.68 1,302.24 1,264.62 27,933.36 15,994.75 78,855.10 |

| Park: Homosassa Sprii | ngs Wildlife State Park | Date: _ | 7/20/2017 |
|--|--|----------------------------------|-------------|
| Concessionaire Name: | Cape Leisure Homosassa, LLC | | |
| Period Covered: | From6/1/2017 | To_ | 6/30/2017 |
| Gross Sales | | | |
| Sales Location(s): | Multiple | | \$89,004.45 |
| If there are multiple point of line; and, list the name and | sale locations, please include the total sales total sales of each location on an attached se | for all locations cond sheet. | on this |
| Subcontractor(s): | None | +_ | 0 |
| subcontractors, please inclu | paragraph 11 of this Agreement. If there are re de the total gross sales for all subcontractors les of each subcontractor on an attached sec | on this line; ar | nd, list |
| Total Taxes Collected: | | | 4,807.73 |
| Total Funds from Concession | naire Employee Food Consumption: | | 0 |
| Total Customer Refunds: | # of Refunds: | | 0 |
| Total Gross Sales | | =_ | \$84,196.72 |
| Monthly Compensation | | | |
| Monthly Commission (14% i | rate x Total Gross Sales) | _ | \$11,787.54 |
| State Use Tax (6% rate x M | onthly Commission) | + _ | \$707.25 |
| State Use Tax Exempt Amo | unt (enter \$0.00 if not exempt) | | \$707.25 |
| Monthly Vending Machine F | ee: \$30 # of Machines:2 | +_ | \$60.00 |
| Monthly Utility Fee(s) to Par | k . | +_ | \$0.00 |
| Pass through fee Pavilion re | entals | +_ | |
| Other Payments (identify) | | +_ | |
| Total Monthly Compensat | ion Due | =_ | \$11,847.54 |
| Capital Improvements Spe | ending | | |
| Monthly Deposit Amount: 29 | % x Total Gross Sales | 20° | \$1,683.93 |
| Monthly Spending | | | \$0.00 |
| Total Deposits, Year to Date | | _ | \$10,990.85 |

| Total Disbursements, Year to Date | 0 |
|---|--|
| Current Balance | \$12,674.78 |
| | ross sales statement is true and correct and is iod covered and recorded in the accounting records |
| Signature of Preparer | Date |
| Preparer Name | |
| Return this form to the Department's Agreem | nent Manager |
| | |
| Sales Locations Detail Wildside Café | 21,308.73 |
| Gator Bites | 9,763.49 |
| Visitor Center Coffee | 1,630.48 |
| Vending Popcorn | |
| Pretzel Cart | |
| Pepper Creek Terrace | |
| Nest of Treasures | 32,795.06 |
| State of Elegance | 18,698.96 |
| Total Sales | 84.196.72 |

Note: Totals do not include Sales Tax collected.

| Park: Homosassa Springs V | Vildlife | State Park | Date: _ | 8/20/2017 |
|---|---------------------|--|------------------------------------|--------------|
| Concessionaire Name: | Cape L | eisure Homosassa, LLC | | |
| Period Covered: | From _ | 7/1/2017 | To_ | 7/31/2017 |
| Gross Sales | | | | |
| | Multiple | | | \$113,120.21 |
| If there are multiple point of sale line; and, list the name and total s | ocation sales of | s, please include the total sale each location on an attached | es for all locations second sheet. | on this |
| Subcontractor(s): | None | | +_ | 0 |
| Subcontractor is defined in parag subcontractors, please include th the name and total gross sales of | e total g | gross sales for all subcontracte | ors on this line; ar | nd, list |
| Total Taxes Collected: | | | - | 6,133.68 |
| Total Funds from Concessionaire | Emplo | yee Food Consumption: | | 0 |
| Total Customer Refunds: | # | of Refunds: | | 0 |
| Total Gross Sales | | | =_ | \$106,986.53 |
| Monthly Compensation | | | | |
| Monthly Commission (14% rate x | Total G | Gross Sales) | - | \$14,978.11 |
| State Use Tax (6% rate x Monthly | Comm | ission) | + | \$898.69 |
| State Use Tax Exempt Amount (e | nter \$0 | .00 if not exempt) | | \$898.69 |
| Monthly Vending Machine Fee: | \$30 # | of Machines: 0 | + | \$0.00 |
| Monthly Utility Fee(s) to Park | | | | \$0.00 |
| Pass through fee Pavilion rentals | | | 185 | |
| Other Payments (identify) | | | + | |
| Total Monthly Compensation D | ue | | =_ | \$14,978.11 |
| Capital Improvements Spending | 9 | | | |
| Monthly Deposit Amount: 2% x To | otal Gro | ss Sales | | \$2,139.73 |
| Monthly Spending | | | _ | \$0.00 |
| Total Deposits, Year to Date | | | _ | \$12,674.78 |

| Total Disbursements, Year to Date | | 0 |
|--|--|------------------------------|
| Current Balance | | \$14,814.51 |
| CERTIFICATION: I certify that this monthly gross satisfied upon actual gross receipts for the period covavailable for review/audit by the Department. Signature of Concessionaire | ales statement is true and corrected and recorded in the account and recorded in the a | at and is nting records |
| Signature of Preparer | Date | |
| Preparer Name Return this form to the Department's Agreement Ma | nager | |
| Sales Locations Detail Wildside Café Gator Bites | | 27,745.66 |
| Visitor Center Coffee | | <u>12,501.45</u> 2,003.12 |
| Vending | | |
| Popcorn | | _ |
| Pretzel Cart | | |
| Pepper Creek Terrace | | 1,215.09 |
| Nest of Treasures | | 38,385.80 |
| State of Elegance | | 25,135.41 |
| Total Sales | | 106,986.53 |

Note: Totals do not include Sales Tax collected.

| Park: Homosassa Springs | Wildlife State Park | Date: | 9/20/2017 |
|--|--|--------------------------------------|-------------|
| Concessionaire Name: | Cape Leisure Homosassa, LLC | | |
| Period Covered: | From8/1/2017 | То | 8/31/2017 |
| Gross Sales | | | |
| Sales Location(s): | Multiple | | \$69,884.54 |
| If there are multiple point of sale line; and, list the name and total | locations, please include the total sales sales of each location on an attached se | for all locations of econd sheet. | n this |
| Subcontractor(s): | None | + | 0 |
| subcontractors, please include t | graph 11 of this Agreement. If there are in the total gross sales for all subcontractors of each subcontractor on an attached section. | s on this line; and | l, list |
| Total Taxes Collected: | | - | 3,712.90 |
| | e Employee Food Consumption: | | 0 |
| Total Customer Refunds: | # of Refunds: | <u> </u> | 0 |
| Total Gross Sales | | = | \$66,171.64 |
| Monthly Compensation | | | |
| Monthly Commission (14% rate x Total Gross Sales) \$9,264.03 | | | |
| State Use Tax (6% rate x Monthly Commission) + \$555.84 | | | |
| State Use Tax Exempt Amount (enter \$0.00 if not exempt) - \$555.84 | | | |
| Monthly Vending Machine Fee: | \$30 # of Machines:0 | + | \$0.00 |
| Monthly Utility Fee(s) to Park | | + | \$0.00 |
| Pass through fee Pavilion rentals | s | + | |
| Other Payments (identify) | | + | |
| Total Monthly Compensation I | Due | = | \$9,264.03 |
| Comital Improvements 2 | | | |
| Capital Improvements Spendin | | | |
| Monthly Deposit Amount: 2% x 1 | otal Gross Sales | | \$1,323.43 |
| Monthly Spending \$0.00 | | | \$0.00 |
| Total Deposits, Year to Date | | | \$16,137.94 |

| Total Disbursements, Year to Date | 0 |
|---|-------------------------------|
| Current Balance | \$16,137.94 |
| CERTIFICATION: I certify that this monthly gross based upon actual gross receipts for the period coavailable for review/audit by the Department. Signature of Concessionaire | |
| Signature of Preparer | Date |
| Preparer Name | _ |
| Return this form to the Department's Agreement N | lanager |
| Sales Locations Detail Catering Food | |
| Wildside Café | 19,213.40 |
| Gator Bites | 7,487.65 |
| Visitor Center Coffee | 33.43 |
| Vending | |
| Popcorn | |
| Pretzel Cart | |
| Pepper Creek Terrace | - |
| Catering Facility Nest of Treasures | 888.68 |
| State of Elegance | <u>22,496.59</u> 16,051.89 |
| Total Sales | 66,171.64 |

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

| Park: Homosassa Springs Wildlife State Park | Date: _ | 10/20/2017 |
|---|---------------------|-------------|
| Concessionaire Name: Cape Leisure Homosassa, LLC | | |
| Period Covered: From9/1/2017 | To_ | 9/30/2017 |
| Gross Sales | | |
| Sales Location(s): Multiple | | \$30,236.42 |
| If there are multiple point of sale locations, please include the total sales for all line; and, list the name and total sales of each location on an attached second | locations sheet. | on this |
| Subcontractor(s): None | + | 0 |
| Subcontractor is defined in paragraph 11 of this Agreement. If there are muliple subcontractors, please include the total gross sales for all subcontractors on the the name and total gross sales of each subcontractor on an attached second significant. | is line: ar | nd, list |
| Total Taxes Collected: | - | \$1,652.36 |
| Total Funds from Concessionaire Employee Food Consumption: | - | \$0.00 |
| Total Customer Refunds: # of Refunds: | | \$0.00 |
| Total Gross Sales | =_ | \$28,584.06 |
| Monthly Compensation | | |
| Monthly Commission (14% rate x Total Gross Sales) | | \$4,001.77 |
| State Use Tax (6% rate x Monthly Commission) | + | \$240.11 |
| State Use Tax Exempt Amount (enter \$0.00 if not exempt) | | \$240.11 |
| Monthly Vending Machine Fee: \$30 # of Machines: 0 | + | \$0.00 |
| Monthly Utility Fee(s) to Park | + | \$0.00 |
| Pass through fee Pavilion rentals | | |
| Other Payments (identify) | _ | |
| Total Monthly Compensation Due | = _ | \$4,001.77 |
| | | |
| Capital Improvements Spending | | |
| Monthly Deposit Amount: 2% x Total Gross Sales | _ | \$571.68 |
| Monthly Spending | | \$0.00 |
| Total Deposits, Year to Date | | \$16,709.62 |

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| Total Disbursements, Year to Date | | 0 |
|---|---|-----------------------------|
| Current Balance | | \$16,709.62 |
| CERTIFICATION: I certify that this monthly gross sal based upon actual gross receipts for the period cover available for review/audit by the Department. Signature of Concessionaire | les statement is true and corre ered and recorded in the account | ct and is inting records |
| Signature of Preparer | Date | |
| Preparer Name Return this form to the Department's Agreement Mar | nager | |
| | | |
| Sales Locations Detail | | |
| Catering Food | | \$3,111.70 |
| Wildside Café | | \$6,915.12 |
| Gator Bites | | \$2,879.48 |
| Visitor Center Coffee | | \$0.00 |
| Vending | | \$0.00 |
| Popcorn | | \$0.00 |
| Pretzel Cart | | \$0.00 |
| Pepper Creek Terrace | | \$1,246.69 |
| Catering Facility | | \$0.00 |
| Nest of Treasures | | \$8,587.71 |
| State of Elegance | | \$5,843.36 |
| Total Sales | | \$28,584.06 |
| Note: Totals do not include Sales Tax collected. | | |

| Park: | Homosassa Sprin | gs Wildlife State Park | Date: | 11/20/2017 |
|---------------------------|---|---|----------------------------------|-------------|
| Concession | onaire Name: | Cape Leisure Homosassa, LLC | | |
| Period Co | vered: | From10/1/2017 | То | 10/31/2017 |
| Gross Sa | les | | | |
| Sales Loc | ation(s): | Multiple | _ | \$55,378.48 |
| If there ar line; and, | e multiple point of s list the name and to | ale locations, please include the total sales otal sales of each location on an attached se | for all locations cond sheet. | on this |
| Subcontra | actor(s): | None | +_ | 0 |
| subcontra | ctors, please includ | aragraph 11 of this Agreement. If there are r le the total gross sales for all subcontractors es of each subcontractor on an attached sec | on this line; ar | nd, list |
| Total Taxe | es Collected: | | | \$3,033.80 |
| Total Fun | ds from Concessior | naire Employee Food Consumption: | | \$0.00 |
| Total Cus | tomer Refunds: | # of Refunds: | | \$0.00 |
| Total Gro | ss Sales | | = | \$52,344.68 |
| Monthly (| Compensation | | | |
| Monthly C | commission (14% ra | ite x Total Gross Sales) | | \$7,328.26 |
| State Use | Tax (6% rate x Mo | nthly Commission) | + | \$439.70 |
| State Use | Tax Exempt Amou | nt (enter \$0.00 if not exempt) | _ | \$439.70 |
| Monthly V | ending Machine Fe | e: \$30 # of Machines: 0 | + | \$0.00 |
| Monthly U | tility Fee(s) to Park | | + | \$0.00 |
| Pass thro | ugh fee Pavilion rer | ntals | + | |
| Other Pay | ments (identify) | | + | |
| Total Moi | nthly Compensation | on Due | = _ | \$7,328.26 |
| Capital In | nprovements Sper | nding | | |
| Monthly D | eposit Amount: 2% | x Total Gross Sales | | \$1,046.89 |
| Monthly S | pending | | _ | \$0.00 |
| Total Dep | osits, Year to Date | | | \$17,756.51 |

\$52,344.68

| Total Disbursements, Year to Date | | 0 |
|--|------|---|
| Current Balance | | \$17,756.51 |
| CERTIFICATION: I certify that this monthly gross sales based upon actual gross receipts for the period covered available for review/audit by the Department. Signature of Concessionaire | | |
| Signature of Preparer | Date | |
| Preparer Name Return this form to the Department's Agreement Management | ger | |
| Sales Locations Detail Catering Food Wildside Café Gator Bites Visitor Center Coffee Vending Popcorn Pretzel Cart Pepper Creek Terrace Catering Facility Nest of Treasures State of Elegance | | \$492.59 \$14,049.79 \$5,711.75 \$1.89 \$0.00 \$1,222.17 \$248.83 \$703.77 \$497.17 \$18,112.64 \$11,304.08 |

Note: Totals do not include Sales Tax collected.

Total Sales

| Park: Homosassa S | Springs Wildlife State Park | Date: | 12/20/2017 |
|--|--|--------------------------------------|-------------|
| Concessionaire Name: | Cape Leisure Homosassa, LLC | | |
| Period Covered: | From11/1/2017 | To_ | 11/30/2017 |
| Gross Sales | | | |
| Sales Location(s): | Multiple | | \$71,275.67 |
| If there are multiple poin line; and, list the name a | t of sale locations, please include the total sales and total sales of each location on an attached s | s for all locations second sheet. | on this |
| Subcontractor(s): | None | +_ | 0 |
| subcontractors, please i | I in paragraph 11 of this Agreement. If there are include the total gross sales for all subcontractors all subcontractors are sales of each subcontractor on an attached set | rs on this line; ar | nd, list |
| Total Taxes Collected: | | | \$3,952.99 |
| Total Funds from Conce | essionaire Employee Food Consumption: | | \$0.00 |
| Total Customer Refunds | s: # of Refunds: | | \$0.00 |
| Total Gross Sales | | =_ | \$67,322.68 |
| Monthly Compensatio | <u>n</u> | | |
| Monthly Commission (1- | 4% rate x Total Gross Sales) | , <u> </u> | \$9,425.18 |
| State Use Tax (6% rate | x Monthly Commission) | + _ | \$565.51 |
| State Use Tax Exempt | Amount (enter \$0.00 if not exempt) | | \$565.51 |
| Monthly Vending Machi | ne Fee: \$30 # of Machines:0 | +_ | \$0.00 |
| Monthly Utility Fee(s) to | Park | +_ | \$0.00 |
| Pass through fee Pavilion | on rentals | +_ | |
| Other Payments (identif | ý) | +_ | |
| Total Monthly Comper | nsation Due | , = _ | \$9,425.18 |
| Capital Improvements | Spending | | |
| Monthly Deposit Amour | nt: 2% x Total Gross Sales | _ | \$1,346.45 |
| Monthly Spending | | _ | \$0.00 |
| Total Deposits, Year to Date | | \$19,102.96 | |

| Total Disbursements, Year to Date | 0 |
|--|--|
| Current Balance | \$19,102.96 |
| | by gross sales statement is true and correct and is period covered and recorded in the accounting records ent. |
| Signature of Preparer | Date |
| Preparer Name Return this form to the Department's Agr | eement Manager |
| Sales Locations Detail Catering Food Wildside Café Gator Bites Visitor Center Coffee | \$961.15 \$16,964.82 \$7,458.53 |
| Vending Popcorn Pretzel Cart | \$0.00 \$0.00 \$0.00 \$763.78 |
| Pepper Creek Terrace Catering Facility Nest of Treasures State of Elegance | \$0.00 \$1,863.35 \$23,946.71 \$15,364.34 |
| Total Sales | \$67.322.68 |

Note: Totals do not include Sales Tax collected.

| Park: Homosass | a Springs Wildlife State Park | Date: | 1/20/2018 |
|--|---|-----------------------------------|--------------|
| Concessionaire Name | e: Cape Leisure Homosassa, LLC | | |
| Period Covered: | From 12/1/2017 | То | 12/31/2017 |
| Gross Sales | | | |
| Sales Location(s): | Multiple | - | \$104,477.11 |
| If there are multiple pline; and, list the nam | oint of sale locations, please include the total sales e and total sales of each location on an attached se | for all locations econd sheet. | on this |
| Subcontractor(s): | None | + | 0 |
| subcontractors, pleas | ned in paragraph 11 of this Agreement. If there are a se include the total gross sales for all subcontractors ross sales of each subcontractor on an attached sec | s on this line; an | nd, list |
| Total Taxes Collected | d: | - | \$5,851.30 |
| Total Funds from Cor | ncessionaire Employee Food Consumption: | end | \$0.00 |
| Total Customer Refu | nds: # of Refunds: | | \$0.00 |
| Total Gross Sales | | =_ | \$98,625.81 |
| Monthly Compensa | tion | | |
| Monthly Commission | (14% rate x Total Gross Sales) | - | \$13,807.61 |
| State Use Tax (6% ra | ate x Monthly Commission) | + | \$828.46 |
| State Use Tax Exem | pt Amount (enter \$0.00 if not exempt) | | \$828.46 |
| Monthly Vending Ma | chine Fee: \$30 # of Machines:0 | + | \$0.00 |
| Monthly Utility Fee(s) |) to Park | +_ | \$0.00 |
| Pass through fee Pa | vilion rentals | + | |
| Other Payments (ide | entify) | +_ | |
| Total Monthly Com | pensation Due | 100 | \$13,807.61 |
| | l×. | | |
| Capital Improveme | nts Spending | | |
| Monthly Deposit Am | ount: 2% x Total Gross Sales | عننه | \$1,972.52 |
| Monthly Spending | | | \$1,420.00 |
| Total Deposits, Year | to Date | 225- | \$21,075.48 |

| Total Disbursements, Year to Date | \$1,420.00 |
|--|---|
| Current Balance | \$19,655.48 |
| CERTIFICATION: I certify that this monthly go based upon actual gross receipts for the per available for review/audit by the Department Signature of Concessionaire | ross sales statement is true and correct and is iod covered and recorded in the accounting records |
| Signature of Preparer | Date |
| Preparer Name Return this form to the Department's Agreen | nent Manager |
| Sales Locations Detail Catering Food Wildside Café Gator Bites Visitor Center Coffee Vending Popcorn Pretzel Cart Pepper Creek Terrace Catering Facility Nest of Treasures State of Elegance Total Sales | \$4,539.66 \$22,937.54 \$8,179.22 \$0.00 \$0.00 \$5,754.17 \$7,832.78 \$0.00 \$343.58 \$30,191.96 \$18,846.90 |

Note: Totals do not include Sales Tax collected.