

Monthly Report of Visitor Service Provider Gross Sales
 (Due by 20th day of following month)

Park: St. Andrews Date: 2/16/2019

Visitor Service Provider Name: Paragon of Florida

Period Covered: From January 1, 2019 To January 31, 2019

Point of Sale/Location of Cash Receipt	Gross Sales Subtotal
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If additional space is required, attach second sheet.

Total Gross Sales _____

Monthly Commission: Level Fee _____ % of Gross _____

Use Tax: _____ % of Monthly Commission
 current rate) see computation for prepaid
 food exemption on reverse side) _____

Other payments (identify) Lot 100, Util 150 250
5 washers \$100, 3 dryers \$90 190

Total Payable 440

Use Tax Exemptions _____

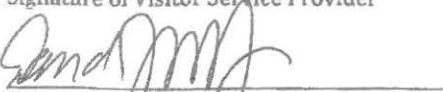
CERTIFICATION: I certify that this monthly sales statement is true and correct and is based upon actual gross receipts for the period covered and recorded in the accounting records for review/audit by the Department.



 Signature of Visitor Service Provider

2/17/19

 Date



 Signature of Accountant

2/16/19

 Date

Monthly Report of Visitor Service Provider Gross Sales
(Due by 20th day of following month)

Park: St Andrews Date: 03/07/2019

Visitor Service Provider Name: Paragon of Florida

Period Covered: From February 1 To February 28

Point of Sale/Location of Cash Receipt	Gross Sales Subtotal
<u>Jetty</u>	<u>3276</u>
<u>vending</u>	<u>31</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If additional space is required, attach second sheet.

Total Gross Sale: 3307

Monthly Commission, Level Fee 15 % of Gross 496

Use Tax _____ % of Monthly Commission
(current rate) see computation for prepaid
(food exemption on reverse side)

Other payments (identify) lot 100 util 150 250
5 washers \$100, 3dryers \$90 190

Total Payable 936

Use Tax Exemptions _____

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

[Signature]
Signature of Visitor Service Provider

03/07/2109
Date

[Signature] CPA
Signature of Accountant

03/09/2019
Date

Paragon March 2019

Monthly Report of Visitor Service Provider Gross Sales
(Due by 20th day of following month)

Park: St Andrews Date: 4/16/2019

Visitor Service Provider Name: Paragon of Florida

Period Covered: From March 1 To March 31

Point of Sale/Location of Cash Receipt	Gross Sales Subtotal
<u>Jetty</u>	<u>20,904</u>
<u>Camp</u>	<u>12,246</u>
<u>Pontoon</u>	<u>23,339</u>
<u>Shell Island</u>	<u>44,517</u>
<u>Laundry</u>	<u>140</u>
<u>Vending</u>	<u>112</u>
<u>Penny Machine</u>	<u>148</u>

If additional space is required, attach second sheet.

Total Gross Sales 101,406

Monthly Commission: Level Fee 15 % of Gross 15,211

Use Tax. _____ % of Monthly Commission
(current rate) see computation for prepaid
food exemption on reverse side)

Other payments (identify) lot 100 util 150 250
5 washers \$100, 3 dryers \$90 190

Total Payable 15,651

Use Tax Exemptions

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



Signature of Visitor Service Provider

4-16-19

Date



Signature of Accountant

4/16/19

Date

Monthly Report of Visitor Service Provider Gross Sales
(Due by 20th day of following month)

Park: ST Andrews Date: 5/16/2019

Visitor Service Provider Name: Paragon of Florida

Period Covered: From 04/01/2019 To 04/30/2019

Point of Sale/Location of Cash Receipt	Gross Sales Subtotal
<u>Jetty</u>	<u>24,255</u>
<u>Camp</u>	<u>12,864</u>
<u>Pontoon</u>	<u>36,170</u>
<u>Shell Island</u>	<u>55,804</u>
<u>Laundry</u>	<u>236</u>
<u>Penny Machine</u>	<u>80</u>

If additional space is required, attach second sheet.

Total Gross Sales 129,409

Monthly Commission: Level Fee 15 % of Gross 19,411

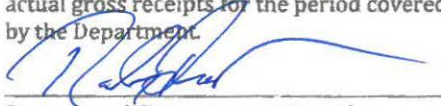
Use Tax: _____ % of Monthly Commission
(current rate) see computation for prepaid
food exemption on reverse side)

Other payments (identify) Lot 100, Util 150 250
5 washers \$100, 3 dryers \$90 - 1 Washer in Use 20

Total Payable 19,681

Use Tax Exemptions _____

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Signature of Visitor Service Provider

5/20/19

Date



Signature of Accountant

5/17/19

Date

Monthly Report of Visitor Service Provider Gross Sales
(Due by 20th day of following month)

Park: St. Andrews Date: 6/19/2019

Visitor Service Provider Name: Paragon of Florida

Period Covered: From May 1 To May 31

Point of Sale/Location of Cash Receipt	Gross Sales Subtotal
Jetty	49,086
Camp	19,556
Pontoon Boats	83,426
Pier	4,410
Vending	309
Laundry	129
Shell Island	91,009
Penny Machine	67

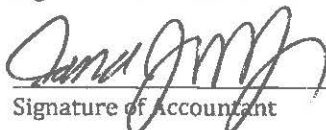
If additional space is required, attach second sheet.

Total Gross Sales	247,992
Monthly Commission: Level Fee <u>15</u> % of Gross	37,199
Use Tax: _____ % of Monthly Commission current rate) see computation for prepaid food exemption on reverse side)	
Other payments (identify) <u>Lot 100, Util 150</u>	250
<u>5 washers \$100, 3dryers \$90</u>	20
Total Payable	37,469

Use Tax Exemptions

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

Signature of Visitor Service Provider



Signature of Accountant

Date

6/19/2019

Date

Monthly Report of Visitor Service Provider Gross Sales
(Due by 20th day of following month)

Park: St Andrews Date: July 17, 2019

Visitor Service Provider Name: Paragon of Florida

Period Covered: From June 1 To June 30

Point of Sale/Location of Cash Receipt	Gross Sales Subtotal
<u>Jetty</u>	<u>79,122</u>
<u>Camp</u>	<u>19,566</u>
<u>Pier</u>	<u>30,391</u>
<u>Shell Island</u>	<u>159,875</u>
<u>Pontoon Hut</u>	<u>131,424</u>
<u>Vending</u>	<u>832</u>
<u>Penny Machine</u>	<u>152</u>
<u>Laundry</u>	<u>288</u>

If additional space is required, attach second sheet.

Total Gross Sales 421,650

Monthly Commission: Level Fee 15 % of Gross 63,248

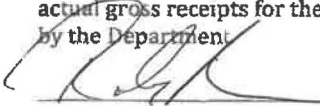
Use Tax: _____ % of Monthly Commission
(current rate) see computation for prepaid
food exemption on reverse side) _____

Other payments (identify) Lot 100, Util 150 250
5 washers \$100, 3dryers \$90 50

Total Payable 63,548

Use Tax Exemptions

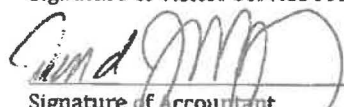
CERTIFICATION: I certify that this monthly sales statement is true and correct and is based upon actual gross receipts for the period covered and recorded in the accounting records for review/audit by the Department.



Signature of Visitor Service Provider

7-19-2019

Date



Signature of Accountant

7/10/2019

Date

Monthly Report of Visitor Service Provider Gross Sales
(Due by 20th day of following month)

Park: St Andrews Date: August 19, 2019

Visitor Service Provider Name: Paragon of Florida

Period Covered: From July 1 To July 31

Point of Sale/Location of Cash Receipt	Gross Sales Subtotal
<u>Jetty</u>	<u>83,394</u>
<u>Camp</u>	<u>20,783</u>
<u>Pier</u>	<u>33,427</u>
<u>Shell Island</u>	<u>194,189</u>
<u>Pontoon</u>	<u>126,729</u>
<u>Laundry</u>	<u>432</u>
<u>Vending</u>	<u>427</u>
<u>Penny Machine</u>	<u>126</u>

If additional space is required, attach second sheet.

Total Gross Sales 459,507

Monthly Commission: Level Fee 15 % of Gross 68,926

Use Tax: _____ % of Monthly Commission
(current rate) see computation for prepaid
food exemption on reverse side) _____

Other payments (identify) Lot 100, Util 150 250
5 washers \$100, 3dryers \$90 50

Total Payable 69,226

Use Tax Exemptions

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



Signature of Visitor Service Provider

P-20-19

Date



Signature of Accountant

August 19, 2019

Date

Monthly Report of Visitor Service Provider Gross Sales
(Due by 20th day of following month)

Park: St Andrews Date: September 17, 2019

Visitor Service Provider Name: Paragon of Florida

Period Covered: From August 1 To August 31

Point of Sale/Location of Cash Receipt	Gross Sales Subtotal
<u>Jetty</u>	<u>40,463</u>
<u>Camp</u>	<u>17,483</u>
<u>Pier</u>	<u>11,258</u>
<u>Shell Island</u>	<u>110,018</u>
<u>Pontoon Hut</u>	<u>57,919</u>
<u>Penny Machine</u>	<u>59</u>
<u>Laundry</u>	<u>385</u>
<u>Vending</u>	<u>412</u>

If additional space is required, attach second sheet.

Total Gross Sales 237,997

Monthly Commission: Level Fee 15 % of Gross 35,700

Use Tax: _____ % of Monthly Commission
current rate) see computation for prepaid
food exemption on reverse side)

Other payments (identify) Lot 100, Util 150 250
5 washers \$100, 3dryers \$90 50

Total Payable 36,000

Use Tax Exemptions

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


Signature of Visitor Service Provider

9/19/19
Date


Signature of Accountant

9/19/19
Date

Monthly Report of Visitor Service Provider Gross Sales
(Due by 20th day of following month)

Park: St Andrews Date: 10-02-2019

Visitor Service Provider Name: Paragon of Florida

Period Covered: From Sept 1 To Sept 30

Point of Sale/Location of Cash Receipt	Gross Sales Subtotal
<u>Jetty</u>	<u>25,686</u>
<u>Camp</u>	<u>14,936</u>
<u>Pier</u>	<u>1356</u>
<u>Shell Island</u>	<u>52,383</u>
<u>Pontoon Hut</u>	<u>41,900</u>
<u>Penny Machine</u>	<u>61</u>
<u>vending</u>	<u>459</u>
<u>laundry</u>	<u>172</u>

If additional space is required, attach second sheet.

Total Gross Sales 136,953

Monthly Commission: Level Fee 15 % of Gross 20,543

Use Tax: _____ % of Monthly Commission
(current rate) see computation for prepaid
food exemption on reverse side)

Other payments (identify) lot 100 util 150 250
5 washers \$100, 3 dryers \$90 50

Total Payable 20,843

Use Tax Exemptions _____

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



Signature of Visitor Service Provider

10/19/19

Date



Signature of Accountant

10/17/19

Date

Monthly Report of Visitor Service Provider Gross Sales
(Due by 20th day of following month)

Park: St Andrews Date: 1108/19 Visitor

Service Provider Name: Paragon of Florida

Period Covered: From Oct 1 To Oct 31

Point of Sale/Location of Cash Receipt	Gross Sales Subtotal
<u>Jetty</u>	<u>21,978</u>
<u>Camp</u>	<u>11,749</u>
<u>Pontoon</u>	<u>29,810</u>
<u>Vending</u>	<u>424</u>
<u>Laundry</u>	<u>360</u>
<u>Shell Island</u>	<u>49,186</u>
<u>penny machine</u>	<u>83</u>

If additional space is required, attach second sheet.

Total Gross Sales	<u>113,590</u>
Monthly Commission: Level Fee <u>15</u> % of Gross	<u>17,039</u>
Use Tax: _____ % of Monthly Commission (current rate) see computation for prepaid food exemption on reverse side)	
Other payments (identify) <u>lot 100 util 150</u>	<u>250</u>
5 washers \$100, 3dryers \$90	<u>50</u>
Total Payable	<u>17,339</u>

Use Tax Exemptions

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

[Signature]
Signature of Visitor Service Provider

11/19/19
Date

[Signature]
Signature of Accountant

11/18/19
Date

Monthly Report of Visitor Service Provider Gross Sales
(Due by 20th day of following month)

Park: ST Andrews Date: 01/13/2020

Visitor Service Provider Name: Paragon of Florida

Period Covered: From Dec 1 To Dec 31

Point of Sale/Location of Cash Receipt	Gross Sales Subtotal
<u>Camp</u>	<u>\$2431</u>
<u>Jetty</u>	<u>\$827</u>
<u>Laundry</u>	<u>\$261</u>
<u>Vending</u>	<u>\$101</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

If additional space is required, attach second sheet.

Total Gross Sales \$3620

Monthly Commission: Level Fee 15 % of Gross \$543

Use Tax: _____ % of Monthly Commission
(current rate) see computation for prepaid
food exemption on reverse side)

Other payments (identify) lot 100 UTIL 150 \$ 250
5 washers \$100, 3dryers \$90 \$ 190

Total Payable \$983

Use Tax Exemptions

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


Signature of Visitor Service Provider

01/13/2020
Date


Signature of Accountant

01/13/2020
Date