January 31, 2019
ToJanuary 31, 2019
Gross Sales Subtota
sheet.
55
250
190
440

3.1

100

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

1 Signature of Accountant

2/17/19 Date 2/16/19 Date

Park. St Andrews	Date	03/07/2019
Visitor Service Provider Name: Paragon of Florida.		
Period Covered From To To To To To	Februa	агу 28
Point of Sale/Location of Cash Receipt		russ Sales Subtotal
Jetty		3276
vending		31
		and guardening the procession
If additional space is required, attach second sheet		
Total Gross Sales		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)		and a factor state and a constant of the
Other payments (identify) Iot 100 util 150 5 washers \$100, 3dryers \$90		250 190
Total Payable		936

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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

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Signature of Visitor Service Provider

03/07/2109

Date

03/09/2019

Date

Paragon March 2019

Park: St Andrews		Date:	4/16/2019
Visitor Service Provider Name Paragon of F	Florida	No. 499 / 47 - 4 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1	and the second
Period Covered: From March 1	To	March 31	
Point of Sale/Location of Cash Receipt			Gross Sales Subtotal
Jetty			20,904
Camp			12,246
Pontoon			23,339
Shell Island			44,517
Laundry			140
Vending			112
Penny Machine			148
If additional space is required, attach s fotal Gross Sales	econd sheet.		101,406
Nonthly Commission: Level Fee15%	of Gross		15,211
lse Tax% of Monthly Commission urrent rate) see computation for prepaid oud exemption on reverse side)			
ther payments (identify) <u>lot 100 util 150</u> 5 washers \$100, 3dryers \$90			250
ortal Payable			15,651
re Fay Evenintions	12		

3.

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 2 re

Signature of Accountant

<u>4-16-19</u> Date <u>4/16/19</u> Date

Park: ST Andrews	Date:	5/16/2019
Visitor Service Provider Name Paragon of Floric	a	
	To04/30/2019)
Point of Sale/Location of Cash Receipt		Gross Sales Subtota
Jetty		24,255
Camp		12,864
Pontoon		36,170
Shell Island		55,804
Laundry		236
Penny Machine		80
If additional space is required, attach secon	id sheet.	
'otal Gross Sales		129,409
Monthly Commission [.] Level Fee% of G	TOSS	19,411
Jse Tax:% of Monthly Commission surrent rate) see computation for prepaid bod exemption on reverse side)		
Other payments (identify) Lot 100, Util 150		250
5 washers \$100, 3dryers \$90 - 1 Washer	in Use	20
Total Payable	x -1	19,681
ise Tax Exemptions		

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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. Soful 1 1

MM. a Y I I Y I

5/20/19 Date 5/17/19

Paragon of Flor	ida		6/19/2019
visitor Service Provider Name:	104		
Period Covered: From	To _	May 31	
Point of Sale/Location of Cash Receipt			Gross Sales Subtota
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 seco	nd sheet.		247,992
Fotal Gross Sales			247,772
Monthly Commission: Level Fee% of (Gross		37,199
Jse Tax:% of Monthly Commission surrent rate) see computation for prepaid ood exemption on reverse side)			
Other payments (identify) Lot 100, Util 150			250
5 washers \$100, 3dryers \$90			20
Fotal 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 Accountient

Date

6/19/2019 Date

(Due by 20 - ua	y or romown	ng monenj	
Park: St Andrews		Date:	July 17, 2019
Visitor Service Provider Name: Paragon of	Florida		
Period Covered: From June 1		June 30	
Point of Sale/Location of Cash Receipt			Gross Sales Subtotal
Jetty			79,122
Camp			19,566
Pier			30,391
Shell Island			159,875
Pontoon Hut			131,424
Vending			832
Penny Machine			152
Laundry			288
If additional space is required, attach se	cond sheet.		Address and a second
Total Gross Sales			421,650
Monthly Commission: Level Fee 15 % o	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 15	0		250
5 washers \$100, 3dryers \$90			50
Total Payable			63,548
In Pay Evenueland			

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

1 Signature of Visitor Service Provider

ina Signature of Account ant

7 - 19 - 20.19Date 7 + 19 + 2019Date

	Date: August 19, 2019
lorida	
To_July 3	31
	Gross Sales Subtotal
	83,394
	20,783
	33,427
	194,189
	126,729
	432
	427
	126
econd sheet.	Appalant Bold State State State of the State State
	459,507
of Gross	68,926
)	250 50
	69,226
	09,220
	Florida To July 3

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.

14 24 Signature of Visitor Service Provider

P-20-19 Date

August 19, 2019 Date

Signature of Accountant

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Park: St Andrews	Date:	September 17, 2019
Visitor Service Provider Name: Paragon of Florida		
Period Covered: From August 1 To To	August 31	
Point of Sale/Location of Cash Receipt	(Gross Sales Subtotal
Jetty		40,463
Camp		17,483
Pier		11,258
Shell Island		110,018
Pontoon Hut		57,919
Penny Machine		59
Laundry		385
Vending		412
If additional space is required, attach second sheet.		**************************************
Total Gross Sales		237,997
Monthly Commission: Level Fee% 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 Accountant

<u>9/19/19</u> Date <u>9/19/19</u> Date

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 Seles Subtotal
Jetty		25,686
Camp		14,936
Pier		1356
Shell Island		52,383
Pontoon Hut		41,900
Penny Machine		61
vending		459
laundry		172
if additional space is required, attach second sheet.		and a second
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)		aya ay ang
Other payments (identify) lot 100 util 150 5 washers \$100, 3dryers \$90		250 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?

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Signature of disitor Service Provider

Signature of Accountant

10/19/19 Date 10/17/19 Date

Monthly Report of Visitor Service Provider Gross Sales (Due by 20 th day of following month)							
Park: St Andrews			Dat	e:	11,08/19)	Visitor
Service Provider Name: _	Parago	n of Florid	a				
Period Covered: From	Oct 1		_ To	Oc	t 31		
Point of Sale/Location of Ca	ish Receipt				Gross	s Sales S	ubtotal
Jetty						21,97	78
Camp						11,74	19
Pontoon						29,81	0
Vending						42	4
Laundry						36	50
Shell Island		_				49,18	6
penny machine		-				8	3
If additional space i	is required, att	tach second s	heet.				- Wither, - High and
Total Gross Sales					1	13,59	0
Monthly Commission: Level	Fee15	% of Gros	s		-	17,03	9
Use Tax:% of Month current rate) see computati food exemption on reverse	on for prepaid						
Other payments (identify) 5 washers \$100, 3d	lot 100 ut ryers \$90	<u>il 150</u>				250 50	
Total Payable					1	7,339	
lise Tax Exemptions							

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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

11/19/19 Date 11/18/19 Date

12

Park:St Andrews	Da	te:12-2-2019
Visitor Service Provider Name:Paragon of Florida	.*	
Period Covered: From	To11-30	
Point of Sale/Location of Cash Receipt		Gross Sales Subtotal
Jetty		7090
Camp	r.	5839
Shell Island		9983
Laundry		
Vending		278
penny machine		30
Pontoon		4106
lf additional space is required, attach second	sheet.	
Total Gross Sales		27,554
Monthly Commission: Level Fee% of Gro	oss	4133
Use Tax:% of Monthly Commission current rate) see computation for prepaid food exemption on reverse side)		
Other payments (identify) Lot 100 UTIL 150 5 washers \$100, 3dryers \$90		250 50
Total Payable		4433

Use Tax Exemptions

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

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Signature of Accountant

<u>12/18/19</u> Date <u>12/16/19</u> Date

Date: 01/13/2020 ST Andrews Park: Paragon of Florida Visitor Service Provider Name: **Dec 31** Dec 1 Period Covered: From To Point of Sale/Location of Cash Receipt **Gross Sales Subtotal** \$2431 Camp \$827 Jetty \$261 Laundry Vending \$101 If additional space is required, attach second sheet. \$3620 **Total Gross Sales** Monthly Commission: Level Fee 15 \$543 % of Gross _% of Monthly Commission Use Tax: 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 \$983 **Total Payable**

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

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

01/13/2020

Date

01/13/2020

Date