Return copy or recorded original to	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office
NEW SOUTH FEDERAL SAVINGS BANK	
2000 Crestwood Blvd	
Birmingham, Al 35210	
	0 0L2 8
Pre-paid Acct. # (Last Name First if a Person)	
2. Name and Address of Debtor (Last Name First if a Person)	g u]
DAVIS, JOHN H., JR.	一
3029 Old Stone Drive	m B a
Birmingham, AL 35242	
Social Security/Tax ID #	A section of the sect
DAVIS, DONNA D.	** *
3029 Old STone Drive	
Birmingham, AL 35242	
Social Security/Tax ID #	FILED WITH:
☐ Additional debtors on attached UCC-E	
3. NAME AND ADDRESS OF SECURED PARTY) (Last Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
NEW SOUTH FEDERAL SAVINGS BANK	
2000 Crestwood Blvd	
Birmingham, AL 35210	
Social Security/Tax ID #	
☐ Additional secured parties on attached UCC-E	
5. X This statement refers to original Financing Statement bearing File No. 1992-16500	
Filed with Shelby County Judge of Probate	Date Fried
6. Continuation. The original financing statement between the foregoing Debtor and Secured 7. Termination. Secured Party no longer claims a security interest under the financing statement.	ent bearing the file number shown above.
8. Partial or The Secured Party's right under the financing statement bearing file number: Full property described in item 11 or to all of the property listed on this file, is assigned.	shown above to the gned to the assignee
Assignment. whose name and address appears in item 4.	
10. Partial Secured Party releases the collateral described in item 11 from the financing	statement bearing file
Release number shown above. 11.	<u> </u>
	11A. Enter Code(s) From
	Back of Form That Best Describes The Collateral Covered
	By This Filing:
	· · · · · · · · · · · · · · · · · · ·
•	
Check X if covered: Products of Collateral are also covered.	
• • • • • • • • • • • • • • • • • • •	
Signature(s) of Debtor(s)	Signature(x) of Secured Party(ies)
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)	Signature(s) of Secured Party(ies) Hal R. Fowler Assistant Vice-President
	Type Name of Individual or Business
Type Name of Individual or Business (1) FILING OFFICER COPY - ALPHABETICAL (3) FILING OFFICER COPY-ACKNOWLEDGEMENT	STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-
(2) FILING OFFICER COPY - NUMERICAL (4) FILE COPY - SECURED	(5) FILE COPY DEBTOR(S) Approved by the Secretary of State of Alabama

filing pursuant to the Uniform Commercial Code.

i ne Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n). No. of Additional Sheets Presented: