## MORTGAGE EXTENSION AGREEMENT

554

## THE STATE OF ALABAMA.

| Shelby County.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| KNOW ALL MEN BY THESE PRESENTS: That, whereas The FIRST NATIONAL BANK OF COLUMBIANA,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Alabama, hereinafter referred to as Mortgagee, is now the owner of that certain mortgage heretofore executed by Dino A. Drakos, a married man; Steven T. Vasilaros, a married man & James Z. Galantis, a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| married man First National Bank of Columbiana                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| which mortgage is recorded in the Probate Office of Shelby County, Alabama, in Volumeat Page 787-790 of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Deeds and Mortgages, and is also the owner of the indebtedness secured by said mortgage, the amount of the principal indebtedness thereby secured being now a 129,386.75 together with accured interest according to the terms set out in original note of the same date secured by the Mortgage described herein above terms set out in original note of the same date secured by the Mortgage described herein above terms set out in original note of the same date secured by the Mortgage described herein above terms and the undersigned Dino A. Drakos, a married man, Steven T. Vasilaros, a married man, James Z. Galantis, a married man, ambient to said debt and mortgage, of the property described in and conveyed by said mortgage, and they requested the Mortgagee to grant an extension of time of payment of said mortgage indebtedness so as to make the same payable as hereinafter set forth, and the Mortgagee has agreed to grant such extension upon the terms and |
| conditions hereinafter stated:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| NOW, THEREFORE, in consideration of the premises and to evidence the agreement of the parties, the undersigned agree—to pay to the Mortgagee or to the successors or assigns of the Mortgagee, the said indebtedness in installments as follows:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 35 monthly installments beginning on August 1, 1990 and continuing on the same day of each month thereafter untilJuly 1, 1993 when a schedule balloon payment of \$118,785.64 will be due.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 299 ME 725                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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The Mortgages has granted the extension of the time of payment of said mortgage indebtedness upon the following conditions: (1) the property described in said mortgage is owned by the undersigned subject to the debt and mortgage hereinabove described; (2) no lien or encumbrance has been placed upon or attached to said property prior to the lien of the mortgage indebtedness hereinabove described; (3) this extension agreement shall have the effect of confirming unto the Mortgagee herein named (whether such Mortgagee be designated in the mortgage hereinabove described or has succeeded to the rights of the Morgagee by the transfer and assignment of the Mortgage indebtedness) every right, privilege and benefit conferred upon the Mortgage in said Mortgage; (4) said mortgage shall be and continue a first lien on the property described herein; (5) said mortgage and all its covenants, terms and conditions shall remain in full force and effect except as herein modified; (6) this instrument shall be of no effect until approved by said Mortgagee; (7) the acceleration provisions in said mortgage remain unmodified by this agreement; (8) If the original maker of the above debt or any other person, in any way or at any time, obligated to pay said original debt signs this agreement, such signature shall be conclusive evidence that such person remains obligated to pay this debt as extended.

| IN WITNESS WHEREOF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | We have         | e hereunto set_ | _our         | hand_San      | d sealShis    | ·····     |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | day of          |                 |              | ~19-3         | هزرًا         |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                 | MOV          | Mell          | 0             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                 | <b>Di</b> no | A. Drakos     |               | ,         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                 |              | 12            |               |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                 | Steve        | n Vast        | rargs         |           |
| We hereby approve the above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | e extension and | agree to same.  | Come         | 2 - gotal     | W?            |           |
| The state of the s |                 |                 | •            |               | ,             | ANA ATAB  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 | THE FI          | RET NATIO    | MAL BANK      | of COLUMBI    | ANA, ALAD |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 | _               | $f_{i}$      | $10N_{\star}$ | 11 all        | <i>l</i>  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                 |              | しょうしょうひ       | W 17 (. l l l | 14        |

| state of Alabama, Shelby County  I, the undersigned authority in and for said County and State hereby certify that                                                                                                                                                                                                                                                                                                                           |                                     | ied man                          | ty in and for said County i                                           | whose name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>is</u>               | signed to the fo                      | oregoing agree. |
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| Given under my hand and official seal, this                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                  | known to me ackno                                                     | <del></del> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | s day that,             | being informed of (                   | he contents of  |
| I, the undersigned authority in and for said County and State hereby certify that                                                                                                                                                                                                                                                                                                                                                            | ne agreement,_                      | heexecu                          | ated the same voluntarily                                             | on the day the same bears                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | date.                   |                                       |                 |
| I, the undersigned authority in and for said County and State hereby certify that                                                                                                                                                                                                                                                                                                                                                            | Given u                             | nder my hand and                 | official seal, this                                                   | Michele                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 131 cm                  | nden why                              | 19 <u>90</u>    |
| I, the undersigned authority in and for said County and State hereby certify that                                                                                                                                                                                                                                                                                                                                                            |                                     |                                  |                                                                       | TO COMMON TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Section 1888            | Share wife                            | ,               |
| I, the undersigned authority in and for said County and State hereby certify that J. D. Wyatt  whose name as Senior Vice President  of The FIRST NATIONAL BANK OF COLUMBIANA ALABAMA is signed to the foregoing agreement and who is to me, acknowledged before me on this day that, being informed of the contents of the agreement, he, as such officer and full authority, executed the same voluntarily for and as the act of said bank. |                                     |                                  |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |                                       |                 |
| of The FIRST NATIONAL BANK OF COLUMBIANA ALABAMA is signed to the foregoing agreement and who is led to me, acknowledged before me on this day that, being informed of the contents of the agreement, he, as such officer and full authority, executed the same voluntarily for and as the act of said bank.                                                                                                                                 | STATE OF ALA                        | ABAMA, SHELBY                    | COUNTY                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |                                       |                 |
| full authority, executed the same voluntarily for and as the act of said bank.                                                                                                                                                                                                                                                                                                                                                               |                                     |                                  |                                                                       | and State kereby certify t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | hat J <u>.</u>          | D. Wyatt                              |                 |
| Given under my hand and official seal, this                                                                                                                                                                                                                                                                                                                                                                                                  | I, the u                            | indersigned authori              | ity in and for said County                                            | and State hereby certify t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | hat J.<br>Senior V      | <u>D. Wyatt</u><br>ice President      |                 |
| $H_{i}$ and $R_{i}$ $R_{i}$ $R_{i}$                                                                                                                                                                                                                                                                                                                                                                                                          | I, the u of The FIRST to me, acknow | NATIONAL BAN<br>ledged before me | NK OF COLUMBIANA on this day that, being involuntarily for and as the | whose name as SALABAMA is signed to formed of the contents of the conten | the foregoing the agree | ing agreement and ment, he, as such o |                 |
| Michely Diagnatus Nothing Public                                                                                                                                                                                                                                                                                                                                                                                                             | I, the u of The FIRST to me, acknow | NATIONAL BAN<br>ledged before me | NK OF COLUMBIANA on this day that, being involuntarily for and as the | whose name as SALABAMA is signed to formed of the contents of the conten | the foregoing the agree | ing agreement and ment, he, as such o |                 |

STATE OF ALABAMA, SHELBY COUNTY

|          | Florida, | Volusia       |
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| STATE OF |          | EMMENT COUNTY |

AND REAL PROPERTY OF THE PROPE

| STATE OF XXXXX           | XXXXXXXX   | SUBSEX COUN          | TY                 |                                                                                                                           |                         |                                                                            |            |                 |                                                 |                |
|--------------------------|------------|----------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------------------------|------------|-----------------|-------------------------------------------------|----------------|
| I, the under<br>a Marrie |            | uthority in a        | and for said Co    | _                                                                                                                         | State, he<br>hose nam   |                                                                            | thatiS     |                 | en T. Vasi                                      |                |
| ment; and who            | iş         |                      | known to me        | acknowledge                                                                                                               | d before                | me on this                                                                 | day that   | , being inform  | ned of the con                                  | itents of      |
| the agreement,           | h <u>e</u> | _ executed fi        | he same volun      | tarily on the                                                                                                             | day the s               | ame bears o                                                                | iste.      |                 |                                                 |                |
| -                        | er my ha   | nd and offici        | ial seal, this     | 201                                                                                                                       | <u> </u>                | _ day of                                                                   | بھے        | <u>me</u>       | 1                                               | 9 <u>90</u> .  |
|                          |            |                      |                    |                                                                                                                           | x                       | aria                                                                       | Š          | andre           | Notery Publi                                    | <u>-</u>       |
| <b>*</b>                 |            |                      | , •                |                                                                                                                           |                         |                                                                            |            | MY COMMISSIO    | C STATE OF FL<br>N EXP. DEC. 13<br>GENERAL INS. | 3, 1953        |
| ¥ 50                     |            |                      |                    | SIME OF MA<br>I CERTIF<br>INTERMEDIA                                                                                      | SHELBY<br>Y THIS<br>WAS | C                                                                          |            |                 |                                                 |                |
| R                        |            |                      | Ţ                  | 90 J <u>IIL</u> 10                                                                                                        | PH 3                    | :01                                                                        |            |                 |                                                 |                |
| Flor<br>STATE OF XXXX    | rida.      | Volusia<br>XXXXX cou | JNTY               | n a see<br>na see a | Tipote N                | :<br>:                                                                     |            |                 |                                                 |                |
|                          |            |                      | and for said       | County in said                                                                                                            | d State. I              | ereby certi                                                                | ify that _ | James 7         | Z. Galanti                                      | s,             |
| a Marr                   |            |                      |                    |                                                                                                                           | whose no                |                                                                            | is         | signe           | d to the forego                                 | oing agree     |
| ment, and who            |            | is                   | known to n         | ne acknowled                                                                                                              | ged befo                | re me on th                                                                | is day th  | et, being info  | rmed of the c                                   | ontents o      |
| the agreement,           | 1          | executed             | the same volu      | interily on the                                                                                                           | e day the               | same bear                                                                  | s date.    |                 |                                                 |                |
| Given un                 | der my l   | and and off          | icial seal, this . | - ସ୍                                                                                                                      | <u>ta_</u>              | day of                                                                     | - Jen      | <u>~e</u>       |                                                 | _19 <u>_90</u> |
|                          |            |                      |                    |                                                                                                                           | <del>- 12</del> C       | ممتم                                                                       | <u>~</u>   | Land            | Notary Pul                                      | blic —         |
|                          |            |                      |                    |                                                                                                                           |                         |                                                                            | MY COM     |                 | E OF FLOR <b>IDA</b><br>DEC.13,1993             |                |
|                          |            |                      |                    |                                                                                                                           | 2<br>8<br>4<br>5<br>6   | Deed Tax<br>Mtg. Tax-<br>Recording<br>Indexing F<br>N Pax Fo<br>Certined F | F20        | 5_7.50<br>8_400 |                                                 |                |