as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT is filing pursuant to the Uniform Cor		fficer for
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICE Date, Time, Number & Filing Office		
LANGE, SIMPSON, ROBINSON & SOMER 1700 FIRST ALABAMA BANK BUILDING BIRMINGHAM, AL 35203 ATTN: MR. RICHARD TISHLER				
Name and Address of Debtor Collins, Clarence S. Rt. 4 Box 1172 Alabaster, Alabama 35007	(Last Name First if a Person	1)	91 AUG 13 A	
Social Security/Tax ID #	(Last Name First if a Person	1)	DEATE TO SE	
Social Security/Tax ID #	<del></del> _			
☐ Additional debtors on attached UCC-E				
3. SECURED PARTY (Last Name First if a Person)		4. ASSIGNEE OF SECURED PARTY	T TUE ANY) Co	(bast Name First if a Person)
RESOLUTION TRUST CORPORATION, RECIPION CITY FEDERAL SAVINGS AND LOAN 2030 SECOND AVENUE, NORTH BIRMINGHAM, AL 35203  Social Security/Tax ID #		4 ASSIGNEE OF SECURED FREGERA C/O ROSE DISCOUNT MOBIL ATTN: MR. TOMMY ROS ROUTE 1, BOX 185-B HICKORY, MS 39332		Savings
☐ Additional secured parties on attached UCC-E	<del></del>	017228		
5XX This statement refers to original Financing Statement Filed with Shelby County, Ala	t bearing File No. 04832	Dun Film (S/11v. 2	4 17, 87	987
6. Continuation. The original financing statement between	een the foregoing Debtor and Secured urity interest under the financing state nancing statement bearing file number of the property listed on this file, is assisted 4.  Der shown above is amended as set for	ement bearing the file number shown above.  For shown above to the signed to the assignee orth in item 11.	effective.	
			11 <b>A</b>	Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
		8.00		
Check X if covered: D Products of Collateral are also co	vered.	DECOMPTON TOWARDS	<u>Lar</u> pin ku — mendendus	— — — — — — — — — — — — — — — — — — —
Signature(s) of Debtor(s)		RESOLUTION TRUST CORPORA  CITY FEDERAL SAVINGS AND  Signature(s) of Secured Party(jps)		
Signature(s) of Debtor(s) (necessary only if item 9 is ap	plicable)	BY:	IJS ATTORNI	EY - IN - FACT
Type Name of Individual or Business		Type Name of Individual or Busines	<u> </u>	
(1) FILING OFFICER COPY — ALPHABETICAL (3) FILING OFFI	ICER COPY — A KNOWLEDGEMENT — SECOND PAF Y/SI		Commence of the Commence	