1. PLEASE TYPE ALL INFORMATION, and sign with ball point pen. Signatures must be legible on Filing Officer Copies.
2. Fill in original Financing Statement number and date filed (in Item 3, below).
3. Contact Filing Officer for fee schedule or additional information.

SHONEY	¹S	_	PELHAM,	$\mathbf{AL}$
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P.O. BOX 2031

32802

ZIP CODE

ORLANDO

FL

CITY

STATE

## STATE OF FLORIDA

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. Partial Assignment  Full Assignment	in Item 11. Financing Sta		file numb	er shown a		ed as set fort	h in Item 11. Sign	ature of Debtor req	uired at Item 14 unless
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BARNETT BANK OF CENTRAL FLORIDA, N.A.

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