STATE OF ALABAMA — UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. FORM UCC-3

Important: Read Instructions on Back Before Filling out Form.

☐ The Debtor is a trans		No. of Additional Sheets Presented:	This FINANCING STATEMENT is presented filling pursuant to the Uniform Commercial	I to a Filing Officer for Code.
Return copy or reco			THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
SECURITY PACIFIC FINANCIAL SERVICES, INC. A DIVISION OF BANK OF AMERICA, FSB P.O. BOX 385000 BIRMINGHAM, ALABAMA 35238-5000				693 693 693 74
Ore sold toot #		•		
Pre-paid Acct. #				
WELDON, JIMMY E., JR.				8
DUNN, JO	•		·	TEE
BOX 1404	SIMSVILLE ROAD		· .	
ALABASTER	, AL 35007			
Social Security/Ta				
2A. Name and Address	of Debtor (IF ANY)	(Last Name First if a Person)		
•				:
·	·			
Social Security/Tax	x 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 A	ANY) (Last Name First if a Person)
_	FEDERAL SAVINGS ST ST, B'HAM, AL			
	parties on attached UCC-E		- 1	
	refers to original Financing Statemen	nt bearing File No. 020403	711T V 12	. 19 88
	HELBY COUNTY	een the foregoing Debter and Secured E	Party, bearing file number shown above, is still effective	
7. Termination. S 8. Partial or T Full p Assignment. v 9. Amendment F 10. Partial	Secured Party no longer claims a sec The Secured Party's right under the for property described in item 11 or to all whose name and address appears in financing statement bearing file num	curity interest under the financing stateme inancing statement bearing file number s I of the property listed on this file, is assig	ent bearing the file number shown above. shown above to the ned to the assignee h in item 11.	
09/29/93	•			11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered
ACCT#5320	003723			By This Filing:
				
•	•			
	•			
Check X if covered	: Products of Collateral are also e	covered.		·
Signature(s) of D	ebtor(s)		Signature(s) of Secured Party(less	
		annlinahta)	Signature(s) of Secured Party(ies)	
	lebtor(s) (necessary only if item 9 is a	applicatio)	JEFFERSON FEDERAL SAVING	SS & LOAN ASSOC.
Type Name of In	dividual or Business		Type Name of Individual or Business	