

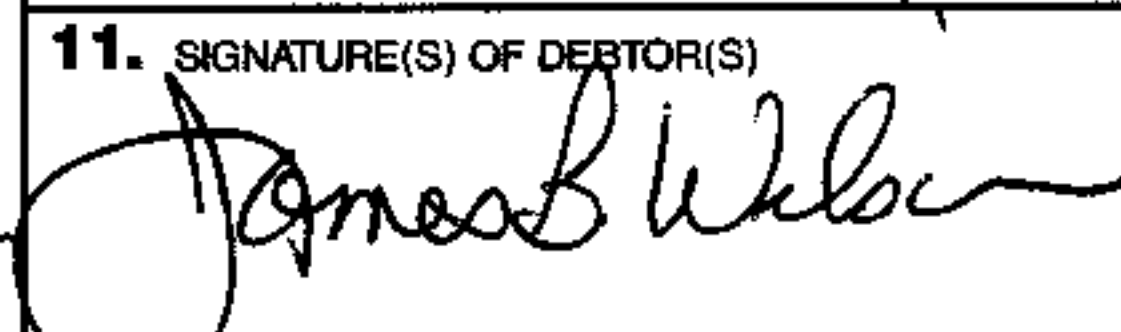
## INSTRUCTIONS:

1. PLEASE TYPE ALL INFORMATION, and sign with ball point pen. Signature must be legible on Filing Officer/Copies.
2. Contact Filing Officer for fee schedule or additional information.

STATE OF ~~FLORIDA~~ <sup>Alabama</sup>

## UNIFORM COMMERCIAL CODE - FINANCING STATEMENT - FORM UCC-1 REV. 1981

THIS FINANCING STATEMENT is presented to a filing officer for filing pursuant to the Uniform Commercial Code:

DEBTOR (Last Name First if a Person)		THIS SPACE FOR USE OF FILING OFFICER	
NAME		Date, Time, Number & Filing Office	
<b>1A</b> WILSON, JAMES B MAILING ADDRESS 6142 VALLEY STATION DR CITY PELHAM STATE AL. 35124		<div>Inst # 1994-12250</div> <div>04/14/1994-12250 09:29 AM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 30.90 DOI MCD *</div>	
MULTIPLE DEBTOR (IF ANY) (Last Name First if a Person)			
NAME			
MAILING ADDRESS			
CITY STATE			
<b>1B</b>			
MAILING ADDRESS			
CITY STATE			
MULTIPLE DEBTOR (IF ANY) (Last Name First if a Person)			
NAME			
<b>1C</b>			
MAILING ADDRESS			
CITY STATE			
SECURED PARTY (Last Name First if a Person)			
NAME			
<b>2A</b> ADVENTURE MARINE AND OUTDOOR, INC. MAILING ADDRESS 14 SW MIRACLE STRIP PKWY CITY FT WALTON BEACH STATE FL. 32548			
MULTIPLE SECURED PARTY (IF ANY) (Last Name First if a Person)			
NAME			
<b>2B</b>			
MAILING ADDRESS			
CITY STATE			
ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)			
NAME			
<b>3</b> SOCIETY NATIONAL BANK MAILING ADDRESS 5000 TIEDEMAN ROAD CITY BROOKLYN STATE OH 44144			
<b>4.</b> This FINANCING STATEMENT covers the following types or items of property (include description of real property on which located and owner of record when required). If more space is required, attach additional sheets 8 1/2" x 11"			
BOAT NEW 94 CAPE HORN 16 BOAT ID# FAB16310H394 MOTOR NEW 94 YAMAHA C85TLRS MOTOR ID# 688L424563 TRAILER NEW 94 PERFORMANCE TRAILER ID#40ZBP1619RPP19022 AMOUNT OF INDEBTEDNESS IS \$10,560.10 TAXES DUE IS \$15.48			
<b>5.</b> Proceeds of collateral are covered as provided in Sections 679.203 and 679.306, F.S.		<b>7.</b> No. of additional Sheets presented:	
<b>6.</b> Filed with: <b>Secretary of State</b>			
<b>8.</b> (Check <input type="checkbox"/> <input checked="" type="checkbox"/> All documentary stamp taxes due and payable or to become due and payable pursuant to Section 201.22, F.S., have been paid. <input type="checkbox"/> Florida Documentary Stamp Tax is not required.			
<b>9.</b> This statement is filed without the debtor's signature to perfect a security interest in collateral (Check <input type="checkbox"/> if so) <input type="checkbox"/> already subject to a security interest in another jurisdiction when it was brought into this state or debtor's location changed to this state. <input type="checkbox"/> which is proceeds of the original collateral described above in which a security interest was perfected. <input type="checkbox"/> as to which the filing has lapsed. <input type="checkbox"/> acquired after a change of name, identity, or corporate structure of the <input type="checkbox"/> debtor or <input type="checkbox"/> secured party.		<b>10.</b> (Check <input type="checkbox"/> if so) <input type="checkbox"/> Debtor is a transmitting utility <input type="checkbox"/> Products of collateral are covered	
<b>11.</b> SIGNATURE(S) OF DEBTOR(S) 		NAME AND ADDRESS OF PREPARER	
<b>12.</b> SIGNATURE(S) OF SECURED PARTY(IES) OR ASSIGNEE Society National Bank			
<b>13.</b> Return copy to:			
NAME SOCIETY NATIONAL BANK			
ADDRESS 5000 TIEDEMAN ROAD			
CITY BROOKLYN			