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.

REORDER FROM
REORDER FROM
REORDER ST.
RIA PIERCE ST

☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code
CENTRAL STATE BANK POST OFFICE BOX 180 CALERA, ALABAMA 35040		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office
Pre-paid Acct. #	· · · · · · · · · · · · · · · · · ·	
2. Name and Address of Debtor ALLEN PEEL CLIFFORD JORDON	(Last Name First if a Person)	
181 PEEL ROAD MAYLENE, ALABAMA 35114		-00164 FTFTET
Social Security/Tax ID #	(Last Name First if a Person)	* 1997
		1 nst 1 0.9 16.8 0. SELW 0. S
Social Security/Tax ID #		FILED WITH:
Additional debtors on attached UCC-E NAME AND ADDRESS OF SECURED PARTY) (Last Name First if a Person)		SHELBY COUNTY PROPATE JUDGE 4. ASSIGNEE OF SECURED PARTY PROPATE (Last Name First if a Person
Highway 25 P.O Calera, Alabama Social Security/Tax ID #	35040 	
5. This statement refers to original Financing States SHELBY COUNTY PRO		1994-22845 Date Filed 07-20 19 94
6. Continuation. The original financing statement by 7. Extermination. Secured Party no longer claims a 8. Partial or The Secured Party's right under the Pull property described in item 11 or to Assignment. Whose name and address appears 9. Amendment Financing statement bearing file in	security interest under the financing stateme he financing statement bearing file number st o all of the property listed on this file, is assign	irty, bearing file number shown above, is still effective. In the bearing the file number shown above. It bearing the file number shown above. It is above to the least ignee. It is a still effective. It is a still effecti
1985 HANDLER BASS BOAT S SNE5926855 WITH 16 FOOT	SN#LB015469H485 & 198 TRAILER ALSO WITH TI	11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling:
Check X if covered: Products of Collateral are als	so covered.	
Signature(s) of Debtor(s)		Signature(s) of Securber Party(ies) CENTRAL STATE BANK
Signature(s) of Debtor(s) (necessary only if item 9	is applicable)	Signature(s) of Secured Party(ies)
Type Name of Individual or Business (1) FILING OFFICER COPY - ALPHABETICAL (3) FILING	OFFICER COPY-ACKNOWLEDGEMENT	Type Name of Individual or Business STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UC