

12.00  
**STATE OF ALABAMA — UNIFORM COMMERCIAL CODE — FINANCING STATEMENT  
FORM UCC-1 ALA.**

**Important: Read Instructions on Back Before Filling out Form.**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                           |                                                                                                                                                                                                                                                                                       |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> 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.                                                                                                                                                                         |  |
| 1. Return copy or recorded original to:<br><br><b>Regions Bank<br/>P O Box 4897<br/>Montgomery AL 36103</b><br><br>Pre-paid Acct. # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                           | <b>THIS SPACE FOR USE OF FILING OFFICER</b><br>Date, Time, Number & Filing Office<br><br><div style="text-align: center;"><b>Inst # 1997-26521</b><br/><b>08/19/1997-26521</b><br/><b>02:10 PM CERTIFIED</b><br/><b>SHELBY COUNTY JUDGE OF PROBATE</b><br/><b>001 MCD 22.00</b></div> |  |
| 2. Name and Address of Debtor (Last Name First if a Person)<br><br><b>BRYANT, GARRY D<br/>253 BROOK FOREST CIR<br/>HELENA, AL 35080-9711</b><br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                           |                                                                                                                                                                                                                                                                                       |  |
| 2A. Name and Address of Debtor (If ANY) (Last Name First if a Person)<br><br><b>BRYANT, PATTY JEANENE<br/>P.O. BOX 811<br/>253 BROOKFOREST CIRCLE<br/>HELENA, AL 35080-0000</b><br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                           |                                                                                                                                                                                                                                                                                       |  |
| <input type="checkbox"/> Additional debtors on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                           |                                                                                                                                                                                                                                                                                       |  |
| 3. SECURED PARTY (Last Name First if a Person)<br><br><b>REGIONS BANK</b><br><br><b>124 MARKET CENTER DRIVE<br/>ALABASTER, AL 35007-0000</b><br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                           |                                                                                                                                                                                                                                                                                       |  |
| <input type="checkbox"/> Additional secured parties on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                           | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)                                                                                                                                                                                                                   |  |
| 5. The Financing Statement Covers the Following Types (or items) of Property:<br><br><b>1 LEGEND BASS PRO BOAT SERIAL #EZRI5545K495<br/>1 JOHNSON 70 HP MOTOR SERIAL #J6109617 &amp; TRAILER<br/>1 TROL MOTOR SERIAL #HD285555B</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                           |                                                                                                                                                                                                                                                                                       |  |
| 5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:<br><br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                           |                                                                                                                                                                                                                                                                                       |  |
| Check X if covered: <input checked="" type="checkbox"/> Products of Collateral are also covered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                           |                                                                                                                                                                                                                                                                                       |  |
| 6. This statement is filed without the debtor's signature to perfect a security interest in collateral (check X, if so)<br><input type="checkbox"/> already subject to a security interest in another jurisdiction when it was brought into this state.<br><input type="checkbox"/> already subject to a security interest in another jurisdiction when debtor's location changed to this state.<br><input type="checkbox"/> which is proceeds of the original collateral described above in which a security interest is perfected.<br><input type="checkbox"/> acquired after a change of name, identity or corporate structure of debtor<br><input type="checkbox"/> as to which the filing has lapsed. |  |                                           | 7. Complete only when filing with the Judge of Probate.<br>The initial indebtedness secured by this financing statement is \$ <b>Shelby 4000.00</b><br>Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ <b>6.00</b>                                                         |  |
| 8. <input type="checkbox"/> This financing statement covers timber to be cut, crops, or fixtures and is to be cross indexed in the real estate mortgage records (Describe real estate and if debtor does not have an interest of record, give name of record owner in Box 5)                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                           |                                                                                                                                                                                                                                                                                       |  |
| Signature(s) of Debtor(s)<br><b>Garry D Bryant</b><br><b>Patty Jeanene Bryant</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                           | Signature(s) of Secured Party(ies)<br>(Required only if filed without debtor's Signature — see Box 6)<br><b>Garry D Bryant</b>                                                                                                                                                        |  |
| Name of Debtor(s)<br><b>GARRY D BRYANT PATTY JEANENE BRYAN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                           | Name of Secured Party(ies) or Assignee<br><b>GARRY D BRYANT</b>                                                                                                                                                                                                                       |  |