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 transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT is pres filing pursuant to the Uniform Comme	ented to a Filing Officer for rotal Code.
Return copy or recorded original to REGIONS BANK		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
P.O. BOX 4897			
MONTGOMERY, AL. 36103-48	297		
HUNIGUHERI, AL. JUIUJ-4097			
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<u>.</u>	-		, A
Pre-paid Acct. # Name and Address of Debtor	(Last Name First if a Person)	-	다 있면별
-	(====,		20 0 1 2 2
OFFICE PANALD	•		
CENTRY, RONALD	· .		7 7 2 3
480 HWY 35			
PELHAM, AL. 35124			
<u> </u>			せん 大変 観光
Social Security/Tax ID #			3 3 5
A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)]	
			first and a second seco
			*
Social Security/Tax ID #		,	
Additional debtors on attached UCC-E		* *	
3. SECURED PARTY (Last Name First if a Person)	:	4. ASSIGNEE OF SECURED PARTY	(IF ANY) (Last Name First if a Person)
FIRST ALABAMA	RANK		
SHELBY COUNTY		•	
P.O. BOX 216		,	
PELHAM, AL. 3	5124		
Social Security/Tax ID #.			
Additional secured parties on attached UCC-E			
	1994-28507		
5. This statement refers to original Financing Statement SHELBY COUNTY JUDG	t bearing File No.	Date Filed 9/19	19 94
6. Continuation. The original financing statement between	een the foregoing Debtor and Secured F		ective.
7 Termination. Secured Party no longer claims a secu	urity interest under the financing stateme	ent bearing the file number shown above.	
	nancing statement bearing file number st of the property listed on this file, is assig		
Assignment, whose name and address appears in it	item 4.		•
<u>-</u>	er shown above is amended as set forth described in item 11 from the financing s		
Release number shown above.	<u> </u>		
11.			
			11A. Enter Code(s) From Back of Form That
			Best Describes The Collateral Covered
			By This Filing:
			
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Check X if covered: 🏿 Products of Collateral a	are also covered	i /	
——————————————————————————————————————	i e also covered.	XXAIA	Va mona.
FILED WITHOUT DEBTORS SIG	NATURE	[7] WYBUK[]./	
Signature(s) of Debtor(s)		Signature(s) of Secured Party(les) .	
Cignoterate) of Debte-tel (aggregate age if item O is a	onlicable)	REGIONS BANK F/K/A Signature(s) of Secured Party(ies)	FIRST ALABAMA BANK
Signature(s) of Debtor(s) (necessary only if item 9 is a	ppiicaule)	· · · · · · · · · · · · · · · · · · ·	
Type Name of Individual or Business		Type Name of Individual or Business	
(1) FILING OFFICER COPY — ALPHABETICAL (3) FILING OFF	FICER COPY — ACKNOWLEDGEMENT — SECOND PARTY(S)	STANDARD FO	RM — UNIFORM COMMERCIAL CODE — FORM US proved by The Secretary of State of Alabama