

Shelby AL

☐ 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

THIS SPACE FOR USE OF FILING OFFICER
Date, Time, Number & Filing Office

Inst # 1999-15133

04/09/1999-15133
11:45 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
15.00
001 MEL

2. Name and Address of Debtor (Last Name First if a Person)
SOUTHERN READY MIX, INC
4200 COLONNADE PARKWAY, STE 100
BIRMINGHAM, ALABAMA 35243

2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)
Social Security/Tax ID #

3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person)
BANK OF AMERICA, NATIONAL TRUST AND SAVINGS ASSOCIATION, AS AGENT
F/K/A CONTINENTAL BANK N.A.
231 SOUTH LASALLE ST.
CHICAGO, IL 60697
Social Security/Tax ID #

4. NAME AND ADDRESS OF ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)

5. ☐ This statement refers to original Financing Statement bearing File No. **1994-23029**
Filed with **SHELBY COUNTY, ALABAMA**

Date Filed **7/21/94** 19__

6. ☒ Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective.
7. ☐ Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.
8. ☐ Partial or ☐ Full. The Secured Party's right under the financing statement bearing file number shown above to the property described in item 11 or to all of the property listed on this file, is assigned to the assignee whose name and address appears in item 4.
9. ☐ Amendment. Financing statement bearing file number shown above is amended as set forth in item 11.
10. ☐ Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above.

11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:

Check X if covered: ☐ Products of Collateral are also covered.

Signature(s) of Debtor(s)
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)
Type Name of Individual or Business

Signature(s) of Secured Party
BANK OF AMERICA, N.A.
CAROL ALFONSO, M.P.
Type Name of Individual or Business