

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.

F-0163

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------|--------------------------------------------------------------------------------------------------------------|--|
| 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 |  |
| Return copy or recorded original to<br>COLONIAL BANK<br>501 2ND AVE N<br>CLANTON AL 35045                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                    | THIS SPACE FOR USE OF FILING OFFICER<br>Date, Time, Number & Filing Office                                   |  |
| Pre-paid Acct. #<br>Name and Address of Debtor (Last Name First if a Person)<br>JONES, CHARLES ROBERT JR<br>3479 CO RD 113<br>MONTEVALLO AL 35115                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                    | Inst # 1999-20857<br>05/18/1999-20857<br>10:04 AM CERTIFIED<br>SHELBY COUNTY JUDGE OF PROBATE<br>001 NBS .00 |  |
| Social Security/Tax ID # [REDACTED]<br>Name and Address of Debtor (IF ANY) (Last Name First if a Person)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                    |                                                                                                              |  |
| Social Security/Tax ID # [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                    |                                                                                                              |  |
| Additional debtors on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                    | 4 ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)<br>Shelby                                 |  |
| SECURED PARTY (Last Name First if a Person)<br>Colonial Bank<br>501 2ND AVE N<br>CLANTON AL 35045<br>Social Security/Tax ID # [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                    |                                                                                                              |  |
| Additional secured parties on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                    |                                                                                                              |  |
| 5 This statement refers to original Financing Statement bearing File No. 1999-14642<br>Filed with: JUDGE OF PROBATE SHELBY COUNTY Date Filed: APRIL 7 1999<br>6 <input type="checkbox"/> Continuation This original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective.<br>7 <input checked="" type="checkbox"/> Termination Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.<br>8 <input type="checkbox"/> Partial or Full Assignment 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.<br>9 <input type="checkbox"/> Amendment Financing statement bearing file number shown above is amended as set forth in item 11.<br>10 <input type="checkbox"/> 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 <input type="checkbox"/> Products of Collateral are also covered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                    |                                                                                                              |  |
| Signatures of Debtor(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                    | Signatures of Secured Party(ies)<br>COLONIAL BANK<br>Type Name of individual or Business                     |  |
| Signatures of Debtor(s) (necessary only if item 8 is applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                    | Signatures of Secured Party(ies)<br>COLONIAL BANK<br>Type Name of individual or Business                     |  |
| Type Name of individual or Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                    | Type Name of individual or Business                                                                          |  |
| FILING OFFICER COPY ALPHABETICAL (3) FILING OFFICER COPY ACKNOWLEDGEMENT<br>FILING OFFICER COPY NUMERICAL (4) FILE COPY - SECOND PARTY(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                    |                                                                                                              |  |
| STANDARD FORM - UNIFORM COMMERCIAL CODE - FORM 1<br>Approved by The Secretary of State of Alabama                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                    |                                                                                                              |  |