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.

-18-TH	······································			
☐ 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 filling pursuant to the Uniform Commercial		ficer for
Return copy or recorded original to	· ·	THIS SPACE FOR USE OF FILING OFFICER		······································
REGIONS BANK		Date, Time, Number & Filing Office		
PO BOX 511				
MONTCOMERY, AL 36101-0	511	 		~
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Pre-paid Acct. #	•		હ્ય	が 下 職 部
2. Name and Address of Debtor	(Last Name First if a Person)			
KORNEGAY SR, LARRY T D/B/A CIRCLE K. INDUSTRIES 85 DRIVER ST CALERA, AL 35040-3609 Social Security / Tax 10 1)st # 200C	D1/20/2000 D126 AM CE SHELBY COUNTY JUDGE ON C.N.
2A. Name and Address of Deptor (IF ANY	(Last Name First if a Person)		.	
Social Security/Tax tD #				
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 BANK PO BOX 339 THORSBY, AL 35171				
Social Security / Tax ID #		 -		
Additional secured parties on attached UCC-E	· · · · · · · · · · · · · · · · · · ·			
5. This statement refers to original Financing State	ement bearing File No. 1995-04603	<u>' </u>		95
Filed with <u>JOP SHELBY CO.</u> 6XX Continuation. The original financing statement is	hatman the ferencies Debter and Convert D	Date Filed 02/22		<u></u>
7	security interest under the financing stateme the financing statement bearing (ile number si to all of the property listed on this file, is assig	ent bearing the file number shown above hown above to the ned to the assignee on item 11.		
	\		114	Enter Code(s) From
PLEASE AMEND SECURED I	PARTY TO READ:		114	Enter Code(s) From Back of Form That Best Describes The
DD07030 D430 D/2/4 D23	1/100 AT ATLANCA TAXATE			Collateral Covered By This Filling:
REGIONS BANK F/K/A FII	KOI ALABAMA BANK			
	•			
				
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	:			
Check X if covered: Products of Collateral are al	so covered.			— — — —
FILED WITHOUT DEBTOR SIGN				
Signature(s) of Debtor(s)	 	Signature(s) of Secured Party(jes)	1-1-1	10,0
Signature(s) of Debtor(s) (necessary only if item 9	REGIONS BANK F/K/A FI	DOT AT AT	RAMA DANIZ	
Type Name of Individual or Business	Type Name of Individual or Business			