UCC FINANCING STATEMENT AMENDME FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGMENT TO: (Name and Address) Bank of America, N.A. 9000 Southside Blvd. Bidg. 600 2nd Floor P.O. Box 2759 Jacksonville, FL 32256	NT			Inst * 2001-18803	05/10/2001-18803 09:44 AM CERTIFIED SELN COUNTY JUNE OF PROBATE
1a. INITIAL FINANCING STATEMENT FILE #		THE ABOVE SPA		R FILING OFFICE USE	
1998-27274 7/17/1998 12:40PM			L to b	e filed [for record] (or reco	
2. X TERMINATION: Effectiveness of the Financing Statement identified above		· · · · · · · · · · · · · · · · · · ·	Secured Pa	rty authorizing this Termina	
 CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law. 	bove with respect to security	/ interest(s) of the Secured	Party author	orizing this Continuation S	tatement is
4. ASSIGNMENT: FULL or PARTIAL. Give name of assignee in item	7a or 7b and address of assi	gnee in item 7c; and also gi	ve name of	assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects		y of record. Check only <u>on</u>	of these t	wo boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in CHANGE name and/or address: Give current record name in item 6a or 6b; and the cord name in item 6a or 6b; and the current record name in item 6a or 6b; and 6a	also give new TT DELET	E name: Give record name	- ["] AD	D name: Complete item 7	a or 7b, and also
name (if name change) in item 7a or 7b and/or new address (if address change). 6. CURRENT RECORD INFORMATION:	ge) in item 7c to be d	leleted in item 6a or 6b,	ite	n 7c: also complete items	7d-7g (if applicable).
6a. ORGANIZATION'S NAME		· ·			. •
65. INDIVIDUAL'S LAST NAME HALE	FIRST NAME RICHARD	· · · · · · · · · · · · · · · · · · ·	MIDDLE	NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:	<u> </u>	······································	1		
7a. ORGANIZATION'S NAME					
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME SUFFD		SUFFIX
7c. MAILING ADDRESS	CITY	· · · · · · · · · · · · · · · · · · ·	STATE	POSTAL CODE	COUNTRY
210 HIDDEN VALLEY RD	MONTEVALLO		AL	35115	
7d. TAX ID #: SSN OR EIN OPTIONAL 7e. TYPE OF ORGANIZATION ADD'L INFO RE ORGANIZATION DESTOR	7f. JURISDICTION OF	ORGANIZATION	/g. ORG/	ANIZATIONAL ID #, if any	NONE
8. AMENDMENT (COLLATERAL CHANGE); check only one box.					
Describe collateral released or added, or give entire restated colla	ateral description.				
NEW 1998 FISHER 241 D1X BUJ87390A898 NEW 1998 MERCRUISER 3.0L OL048302					
A MANGE OCOMOCO DADEN PROCESSOR PRO					
9. NAME OF SECURED PARTY OF RECORD (or if this is an Assignment of Secure of Security of Secure of Secure of Security of Secure of Security of Secure of Security of Secure of Security of Security of Secure	name of assignor).	· · · · · · · · · · · · · · · · · · ·			
SE. ORGANIZATIONS NAME					
NATIONS CREDIT 1355 WINDWARD CONCOU	RSE ALPHARETT.	A GA 30005			
	RSE ALPHARETT.	A GA 30005	MIDDLE	NAME	SUFFIX
OR NATIONS CREDIT 1355 WINDWARD CONCOURS OF SECOND				····	
NATIONS CREDIT 1355 WINDWARD CONCOU				NAME FILER REFERENCE DA	