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Shelby Cnty Judge of Probate, AL
05/01/2002 12:31:00 FILED/CERTIFIED

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

| | |
|--|--|
| A. NAME & PHONE OF CONTACT AT FILER [optional] | |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address) | |
| FIRST NATIONAL BANK OF SHELBY COUNTY P. O. BOX 977 106 EAST COLLEGE ST COLUMBIANA, AL 35051 | |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

| | | | |
|--|-----------------------------------|--|----------------------------------|
| 1a. INITIAL FINANCING STATEMENT FILE # SHELBY COUNTY INST# 1999-36296 | | 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. <input type="checkbox"/> | |
| 2. <input checked="" type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. | | | |
| 3. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law. | | | |
| 4. <input type="checkbox"/> ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. | | | |
| 5. AMENDMENT (PARTY INFORMATION): This Amendment affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only <u>one</u> of these two boxes. Also check <u>one</u> of the following three boxes and provide appropriate information in items 6 and/or 7. <input type="checkbox"/> CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable). | | | |
| 6. CURRENT RECORD INFORMATION: | | | |
| 6a. ORGANIZATION'S NAME | | | |
| OR | | | |
| 6b. INDIVIDUAL'S LAST NAME TURNER | | FIRST NAME TOMMY | MIDDLE NAME SUFFIX |
| 7. CHANGED (NEW) OR ADDED INFORMATION: | | | |
| 7a. ORGANIZATION'S NAME | | | |
| OR | | | |
| 7b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME SUFFIX |
| 7c. MAILING ADDRESS | | CITY | STATE POSTAL CODE COUNTRY |
| 7d. TAX ID #: SSN OR EIN | ADD'L INFO RE ORGANIZATION DEBTOR | 7e. TYPE OF ORGANIZATION | 7f. JURISDICTION OF ORGANIZATION |
| | | 7g. ORGANIZATIONAL ID #, if any <input checked="" type="checkbox"/> NONE | |
| 8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box. Describe collateral <input type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned. | | | |

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here ☐ and enter name of DEBTOR authorizing this Amendment.

| | | | |
|---|--|------------|-----------------------|
| 9a. ORGANIZATION'S NAME FIRST NATIONAL BANK OF SHELBY COUNTY | | | |
| OR | | | |
| 9b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME SUFFIX |

10. OPTIONAL FILER REFERENCE DATA