


08/06/2002 11:20:00 FILED/CERTIFIED

JCC FINANCING STATEMENT AMENDME	:NI		
OLLOW INSTRUCTIONS (front and back) CAREFULLY  A. NAME & PHONE OF CONTACT AT FILER [optional]			
PATRICIA HUNTLEY/205-226-1925			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
AT ADAMA DOMED COMDANIZ			
IALABAMA POWER COMPANY 600 NORTH 18TH STREET			
BIRMINGHAM AL 35291			
<b>,</b>	, i		
	THE ABO	VE SPACE IS FOR FILING OFFICE	USE ONLY
a. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATE	MENT AMENDMENT is
09763/SHELBY		to be filed [for record] (or REAL ESTATE RECORDS	•
TERMINATION: Effectiveness of the Financing Statement identified above	ve is terminated with respect to security interest(s	) of the Secured Party authorizing this Terr	nination Statement.
CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law.	above with respect to security interest(s) of the	Secured Party authorizing this Continuation	n Statement is
ANENDMENT (BARTY INFORMATION): This Amendment offerts			
. AMENDMENT (PARTY INFORMATION): This Amendment affects  Also check one of the following three boxes and provide appropriate information	Debtor <u>or</u> Secured Party of record. Check in items 6 and/or 7.	k only <u>one</u> of these two boxes.	
CHANGE name and/or address: Give current record name in item 6a or 6b; name (if name change) in item 7a or 7b and/or new address (if address char		ord name	m 7a or 7b, and also
CURRENT RECORD INFORMATION:	nge) in item 7c to be deleted in item 6a o	r 6b item 7c; also complete ite	ems 7d-7g (if applicable).
6a. ORGANIZATION'S NAME	<del></del>		<del></del>
1D			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
KITCHENS	HOWARD	R.	
. CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME			<del></del>
Ta. ORGANIZATION STAME			
76. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
KITCHENS	MARY	SLOAN	ł
{ <del></del>			1
<u></u>	CITY	STATE POSTAL CODE	COUNTRY
c. MAILING ADDRESS	BHAM	STATE POSTAL CODE  AL 35226	COUNTRY
: MAILING ADDRESS 317 MEADOWLARK DR I. TAX ID #: SSN OR EIN   ADD'L INFO RE   76. TYPE OF ORGANIZATION	1		
MAILING ADDRESS 317 MEADOWLARK DR	BHAM	AL 35226	
c. MAILING ADDRESS 2317 MEADOWLARK DR d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	BHAM	AL 35226	any
c. MAILING ADDRESS 2317 MEADOWLARK DR d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	BHAM 7f. JURISDICTION OF ORGANIZATION	AL 35226 7g. ORGANIZATIONAL ID #, if	any
c. MAILING ADDRESS 2317 MEADOWLARK DR d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  . AMENDMENT (COLLATERAL CHANGE): check only one box.	BHAM 7f. JURISDICTION OF ORGANIZATION	AL 35226 7g. ORGANIZATIONAL ID #, if	any
C. MAILING ADDRESS 2317 MEADOWLARK DR  H. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.	BHAM 7f. JURISDICTION OF ORGANIZATION	AL 35226 7g. ORGANIZATIONAL ID #, if	any
C. MAILING ADDRESS 2317 MEADOWLARK DR  B. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.	BHAM 7f. JURISDICTION OF ORGANIZATION	AL 35226 7g. ORGANIZATIONAL ID #, if	any
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c. MAILING ADDRESS  2317 MEADOWLARK DR  d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   ORGANIZATION   DEBTOR    . AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral   deleted or   added, or give entire   restated collateral   restated collateral   deleted or   added, or give entire   restated collateral   restated collateral   added   restated collateral   restated collateral   restated collateral   restated collateral   restated   resta	BHAM  7f. JURISDICTION OF ORGANIZATION  ateral description, or describe collateral ass  AMENDMENT (name of assignor, if this is an Assignor)	AL 35226 7g. ORGANIZATIONAL ID #, if a signed.  ssignment). If this is an Amendment author	ized by a Debtor which