



			00/14/2002 13:38:0	O FILED/CERTIF
CC FINANCING STATEMENT AMENE	MENT			
OLLOW INSTRUCTIONS (front and back) CAREFULLY				
NAME & PHONE OF CONTACT AT FILER [optional]				
Tonya Grimes S. SEND ACKNOWLEDGMENT TO: (Name and Address)				
SEND ACKNOVVLEDGIVIENT TO: (Name and Address)				
Bank of Alabama				
P. O. Box 59587				
Birmingham, AL 35209				
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				- AN V
	TH		FOR FILING OFFICE USI This FINANCING STATEMEN	
a. INITIAL FINANCING STATEMENT FILE # 1998-31626			to be filed [for record] (or reco	
TERMINATION: Effectiveness of the Financing Statement ident	rified above is terminated with respect to security i			tion Statement.
CONTINUATION: Effectiveness of the Financing Statement id			<u> </u>	
continued for the additional period provided by applicable law.		· -		
. ASSIGNMENT (full or partial): Give name of assignee in item 7	a or 7b and address of assignee in item 7c; and a	lso give name of assigno	r ın item 9.	
. AMENDMENT (PARTY INFORMATION): This Amendment aff			<u>, </u>	
Also check one of the following three boxes and provide appropriate inf	ormation in items 6 and/or 7.			te er 7h. ond also
CHANGE name and/or address: Give current record name in item name (if name change) in item 7a or 7b and/or new address (if add	6a or 6b; also give new DELETE name: (Iress change) in item 7c. to be deleted in it		ADD name: Complete item item 7c: also complete items	7d-7g (if applicable).
CURRENT RECORD INFORMATION:				
6a, ORGANIZATION'S NAME	i			
Lindsey Development Company, L	FIRST NAME	MIDE	DLE NAME	SUFFIX
OD. INDIVIDUAL S LAST NAME				
ON MANAGED WITHOUT A DESCRIPTION OF A DE				
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			<u> </u>	<u> </u>
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDI	DLE NAME	SUFFIX
c. MAILING ADDRESS	CITY	STA	TE POSTAL CODE	COUNTRY
	TO HIDIODICTION OF ODCANIE	ATION 70 /	ORGANIZATIONAL ID#, if any	
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGAN ORGANIZATION	IZATION 7f. JURISDICTION OF ORGANIZ	ATION 79. V	DROMINE ID #, II ali	
DEBTOR		<u></u>		NONE
3. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box Describe collateral added, or give entire rest		1 Descioned		
	ated collateral description, or describe collaters	a Lassignes.		
PARTIAL RELEASE:	Store Cooch Troco Soc	tor 1 as reco	orded in Man Ro	ook 25
Lot 112, according to the Survey of	Glage Coach Hace, Sec	obome boin	a cituated in Sh	olhy
Page 24 A, B, & C, in the probate of	flice of Shelby County, Ai	abama, bem	y situated in Oi	iciby
County, AL				
			this is an Armondanous authoriza	ad by a Debtor which
NAME OF SECURED PARTY OF RECORD AUTHORIZIN adds collateral or adds the authorizing Debtor, or if this is a Terminati	on authorized by a Debtor, check here and e	nter name of DEBTOR	authorizing this Amendment.	ed by a Debior Willon
9a. ORGANIZATION'S NAME	1	<u> </u>		
Bank of Alabama	12//5			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIC	DLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA				
#60131 Shelby County,	AL			<u></u>
	والمستخدم		<u> </u>	<u> </u>