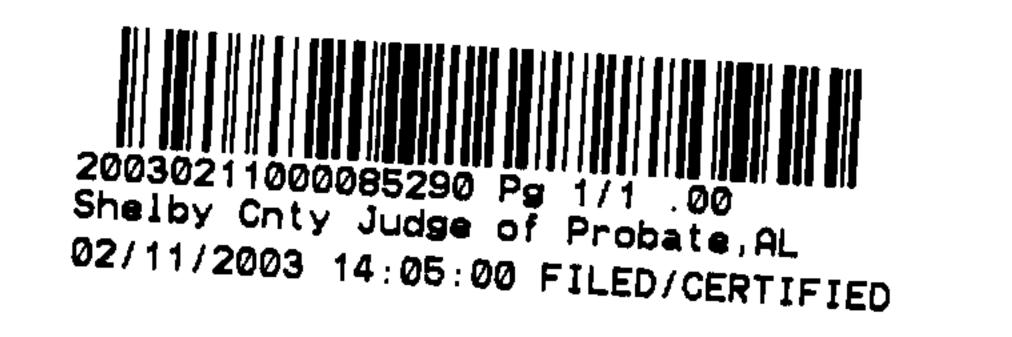
 		 · <b>-</b> .	
-	 	 	
 		 	_



	C FINANCING STATEMENT AMENDMEN					
FOLI	OW INSTRUCTIONS (front and back) CAREFULLY  NAME & PHONE OF CONTACT AT FILER [optional]					
	Fran Sammons 205-669-4421					
B. S	SEND ACKNOWLEDGMENT TO: (Name and Address)					
	First National Bank of Shelby County P.O. Box 977					
	Columbiana, AL 35051					
			THE ABOVE SP	ACE IS FO	R FILING OFFICE US	E ONLY
_	NITIAL FINANCING STATEMENT FILE #				s FINANCING STATEME oe filed (for record) (or re	
2 1.	nstrument Number 1997-19461	<u> </u>		RE/	AL ESTATE RECORDS.	
2· )	TERMINATION: Effectiveness of the Financing Statement identified above					
3.L	CONTINUATION: Effectiveness of the Financing Statement identified abo continued for the additional period provided by applicable law.	ve with respect to security	y interest(s) of the Secured	Party author	rizing this Continuation (	Statement is
4.	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b an	d address of assignee in it	em 7c; and also give name	of assignor	in item 9.	· · · · · · · · · · · · · · · · · · ·
5. A			ty of record. Check only <u>or</u>			
	Iso check one of the following three boxes <u>and</u> provide appropriate information	in items 6 and/or 7.		<del></del>		
	CHANGE name and/or address: Give current record name in item 6a or 6b; all name (if name change) in item 7a or 7b and/or new address (if address change)		FE name: Give record name deleted in item 6a or 6b.		D name: Complete item n 7c; also complete item	7a or 7b, and also
	URRENT RECORD INFORMATION:					is va vg (ii applicable)
	6a. ORGANIZATION'S NAME				<del>, , , , , , , , , , , , , , , , , , , </del>	· · · · · · · · · · · · · · · · · · ·
OR	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	·	Lauren -		<b>y</b> *
	McCullers		Roger	MIDDLE		SUFFIX
7. C	HANGED (NEW) OR ADDED INFORMATION:		- Logo		Α.	·····
	7a. ORGANIZATION'S NAME	<del></del>	<u> </u>	<u></u>	······································	<del></del>
OR -						
·	76. INDIVIDUAL'S LAST NAME				NAME	SUFFIX
7.0 1/	AU INC. ADBRESO					
/C. IV	AILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
7 <del>a. T</del>	AX ID #: SSN OR EIN   ADD'L INFO RE   70. TYPE OF ORGANIZATION	7f. JURISDICTION OF		1 - 050		<u>.                                    </u>
	ORGANIZATION DEBTOR	71. JUNISDICTION OF	ORGANIZATION	/g. ORG	ANIZATIONAL ID #, if a	ny X none
	MENDMENT (COLLATERAL CHANGE): check only one box.					
De	escribe collateral deleted or added, or give entire restated collat	eral description, or describ	e collateral assigned.			
9. N	AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME	ENDMENT (name of assi	anor if this is an Assianme	nt) If this is	an Amendment authoric	and his a Dahaa subjet
ad	ds collateral or adds the authorizing Debtor, or if this is a Termination authorized	d by a Debtor, check here	and enter name of DE	BTOR auth	orizing this Amendment	. Deptor which
[	9a. ORGANIZATION'S NAME		<u></u>	<u> </u>	······································	<del></del>
DR _		ational Bank of Shelb	y County			
	96. INDIVIDUAL'S LAST NAME	FIRST NAME	·	MIDDLE	IAME	SUFFIX
0. C	PTIONAL FILER REFERENCE DATA					<u>.</u>