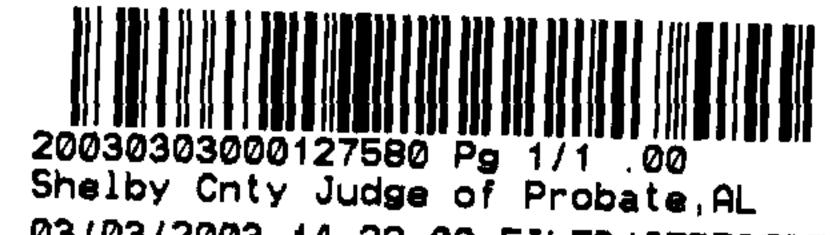
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03/03/2003 14:22:00 FILED/CERTIFIED

	C FINANCING STATEMENT AMENDMENT LOW INSTRUCTIONS (front and back) CAREFULLY			
	NAME & PHONE OF CONTACT AT FILER [optional]			
	Fran Sammons 205-669-6721			
В.	SEND ACKNOWLEDGMENT TO: (Name and Address)			
	First National Bank of Shelby County			
	P.O. Box 977			
	Columbiana, AL 35051			
	Outumbiana, AL 00001			
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1a.	INITIAL FINANCING STATEMENT FILE #	THE ABOVE SPA	CE IS FOR FILING OFFICE USE OF The This FINANCING STATEMENT A	
	Instrument Number 1998-08892		to be filed [for record] (or record)	
2.	Y TERMINATION: Effectiveness of the Financing Statement identified above is	terminated with respect to security interest(s) of the	REAL ESTATE RECORDS. • Secured Party authorizing this Termina	ation Statement.
3.	CONTINUATION: Effectiveness of the Financing Statement identified above			
L	continued for the additional period provided by applicable law.			
4.	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	ddress of assignee in item 7c; and also give name o	f assignor in item 9.	
5.	AMENDMENT (PARTY INFORMATION): This Amendment affects Debte	or or Secured Party of record. Check only one	of these two boxes.	
•	Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in i	items 6 and/or 7.		
	CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change)	give new DELETE name: Give record name in item 7c. to be deleted in item 6a or 6b.	ADD name: Complete item 7a or item 7c; also complete items 7d	7b, and also 7g (if applicable).
6. (URRENT RECORD INFORMATION:			
	6a. ORGANIZATION'S NAME			
OR	66. INDIVIDUAL'S LAST NAME	Terport Arabas		- T
	Johnson	FIRST NAME	MIDDLE NAME	SUFFIX
		Leonard		
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.	1	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	
	ORGANIZATION ' DEBTOR			NONE
8. /	MENDMENT (COLLATERAL CHANGE): check only one box.			
C	escribe collateral deleted or added, or give entire restated collatera	al description, or describe collateral 🔲 assigned.		
	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMEN			y a Debtor which
a	dds collateral or adds the authorizing Debtor, or if this is a Termination authorized by the second	by a Debtor, check here and enter name of DEC	3 I OH authorizing this Amendment.	
		ional Bank of Shelby County		
OR	96. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
ı				
10	OPTIONAL FILER REFERENCE DATA			<u></u>
	ohnson, Janee'			