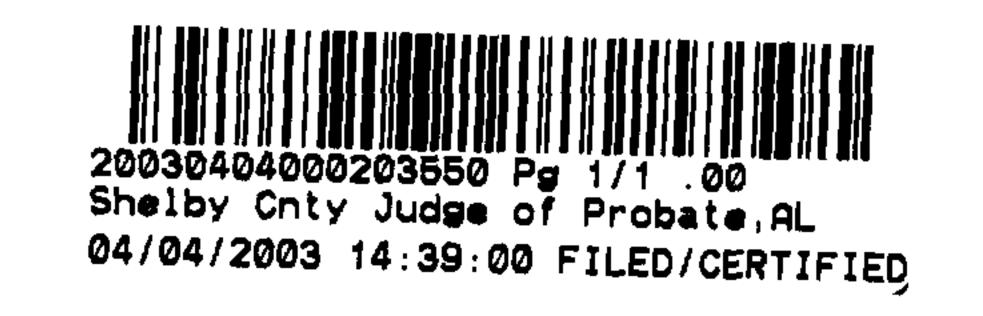
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	C FINANCING OW INSTRUCTIONS		ENT AMENDMEN' CAREFULLY	T					
والماريسية	NAME & PHONE OF C								
		Fran Sammo	ns 205-669-6721						
B. S	SEND ACKNOWLEDGE	MENT TO: (Name	e and Address)	· · · · · · · · · · · · · · · · · · ·					
			Bank of Shelby County .O. Box 977						
			biana, AL 35051						
		00141111							
	.								
					<u></u>				
1 - 1	NITIAL FINIANCING STAT	CAACAIT CU C #			THE ABOVE SPA		R FILING OFFICE USE		
	NITIAL FINANCING STAT	EMENI FILE #				1	FINANCING STATEMEN e filed [for record] (or rec		
	1998 - 01738				REAL ESTATE RECORDS.				
2.	<u> </u>		nancing Statement identified above i						
3.	CONTINUATION: E continued for the addit		Financing Statement identified above ad by applicable law	with respect to	security interest(s) of the Secured P	arty author	izing this Continuation St	atement is	
		·							
4.			me of assignee in item 7a or 7b and		nee in item 7c; and also give name o	f assignor i	n item 9.		
5. A	MENDMENT (PARTY	INFORMATION)	: This Amendment affects Debi	tor <u>or</u> Secu	red Party of record. Check only <u>one</u>	of these tw	vo boxes.		
		_	nd provide appropriate information in						
	name (if name change)	address: Give curre in item 7a or 7b an	nt record name in item 6a or 6b; also id/or new address (if address change) in item 7c.	DELETE name: Give record name to be deleted in item 6a or 6b.	IDA	name: Complete item 7 <u>17c; also complete items</u>	a or 7b, and also 7d-7g (if applicable).	
_	URRENT RECORD IN								
- {	6a. ORGANIZATION'S NA	AME							
OR I									
	66. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME SUI		SUFFIX	
	·	Wyatt			Robert				
7. C	HANGED (NEW) OR A	ADDED INFORMA	ATION:						
ſ	7a. ORGANIZATION'S NA	AME				<u></u>			
OR -		_							
	76. INDIVIDUAL'S LAST	INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX	
}									
7c. N	AAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY	
7d. T	AX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	79. TYPE OF ORGANIZATION	7f. JURISDICT	ION OF ORGANIZATION	7g. ORGA	ANIZATIONAL ID #, if an	Y NONE	
8. A	MENDMENT (COLLA)	TERAL CHANGE	: check only one box.				,	[27]	
			d, or give entire restated collate	ral description, or	describe collateral Tassigned.				
		<u></u>			assigned.				
9. N .	AME OF SECURED F	PARTY OF RECO	ORD AUTHORIZING THIS AME	NDMENT (name	of assignor, if this is an Assignmen	nt). If this is	an Amendment authoriz	ed by a Debtor which	
			or if this is a Termination authorized						
٢	9a. ORGANIZATION'S NA	AMÉ			<u></u>			· ····································	
			First Na	tional Bank of	Shelby County				
J AC	96. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE	IAME	SUFFIX	
				<u> </u>		[
10	OPTIONAL FILER REFI	PENCE DATA							
	cqueline Wyatt	DAIA							