

20030417000235170 Pg 1/1 .00 Shelby Cnty Judge of Probate, AL 04/17/2003 13:38:00 FILED/CERTIFIED

			04/17/2003 13:38:00 FILED/CER		
CC FINANCING STATEMENT AMENDI	MENT				
OLLOW INSTRUCTIONS (front and back) CAREFULLY	V1 L 1 W U				
N. NAME & PHONE OF CONTACT AT FILER [optional] PATRICIA HUNTLEY/205-226-1925					
SEND ACKNOWLEDGMENT TO: (Name and Address)					
ALABAMA POWER COMPANY	_	٦			
600 NORTH 18TH STREET					
BIRMINGHAM, AL 35291					
		THE ABOVE SI	PACE IS FO	OR FILING OFFICE US	SE ONLY
a. INITIAL FINANCING STATEMENT FILE # 2000-04950/SHELBY				s FINANCING STATEME be filed [for record] (or rec	
	l abaya ia tampinatan di with		RE	AL ESTATE RECORDS.	
TERMINATION: Effectiveness of the Financing Statement identified					
CONTINUATION: Effectiveness of the Financing Statement identication continued for the additional period provided by applicable law.	med above with respect t	o security interest(s) of the Securi	o Pany autr	ionzing this Continuation	Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or	7b and address of assign	nee in item 7c; and also give name	of assignor in	item 9.	
AMENDMENT (PARTY INFORMATION): This Amendment affects	Debtor <u>or</u> Sec	cured Party of record. Check only	one of these	two boxes.	
Also check one of the following three boxes and provide appropriate inform	ation in items 6 and/or 7.				
CHANGE name and/or address: Give current record name in item 6a or name (if name change) in item 7a or 7b and/or new address (if address	or 6b; also give new schange) in item 7c.	DELETE name: Give record name to be deleted in item 6a or 6b.	me Al	DD name: Complete item m 7c; also complete item:	7a or 7b, and a s 7d-7g (if appli
CURRENT RECORD INFORMATION:	······			······································	
6a. ORGANIZATION'S NAME					
6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
TURNER		JOHNNY			JR.
CHANGED (NEW) OR ADDED INFORMATION:					JIX.
7a. ORGANIZATION'S NAME		······································	<del></del>		
7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME		SUFFIX
TURNER	DOROT	HY	L.		
	CITY		STATE	POSTAL CODE 35115	COUNT
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2 MONTE TIERRA TRAIL  TAX ID #: SSN OR EIN   ADD'L INFO RE   76. TYPE OF ORGANIZAT ORGANIZATION DEBTOR		TION OF ORGANIZATION			
2 MONTE TIERRA TRAIL  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZAT ORGANIZATION DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one box.	TON 7f. JURISDIC		7g. ORG		
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