



A. NAME & PHONE OF CONTACT AT FILER (optional) Dereka Annie (256):240-2261 B. SEND ACKNOWLEDGMENT TO. (Name and Address) COLONIAL BANK P.O. BOX 6 ANNISTON, AL 36202 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INST 1999-29489 ID. This Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement is continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide approprise informable in items as and/or 7. CHANGE note undire address. Give current record name in item 8a or 6b; elso give new lampe (financiar) and or 5c; and also give name. Complete items 7c; gift appropriate in the 7c; or 7b, and and finance final period provided by applicable law. Secured Party or record. Check only one of these two boxes. Also check one of the following three boxes and provide approprise in incomalian in items and/or 7. CHANGE note undirect address. Give current record name in item 8a or 6b; elso give new lampe (financiar) and the secured Party authorizing then 7a or 7b, and anne (financiar) and the secured Party authorizing the financiar 7b; gift appropriate intem 7a or 7b, and secured Party or record. Check only one of these two boxes. Secured Party in Formation's name. Complete items 7b; gift appropriate intem 7c. CHANGE provided provided by applicable intems 7c. FIRST NAME OWENS To INDIVIDUAL'S LAST NA	Dereka Amie (256)-24 SEND ACKNOWLEDGME COLONIAL BANK P.O. BOX 6	O-2051 NT TO: (Name and Address)					
3. SEND ACKNOWLEDGMENT TO: (Name and Address) COLONIAL BANK P.O. BOX 6 ANNISTON, AL 36202 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY a. INITIAL FINANCING STATEMENT FILE # Into the file for record (for recorded) in the REAL ESTATE RECORDS. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement is continued for the additional pend provided by applicable law. ASSIGNMENT (full or partial). Give name of assignee in litem 7a or 7b and address of assignee in litem 7c; and also give name of assignor in litem 9. AMENDMENT (FARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only gog of these two boxes. Also check gog of the following three boxes and provice appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give news. COURTENT RECORD INFORMATION: CHANGE name and/or address: Give current record name in item 6a or 6b; also give news. CHANGE name change) in item 7a or 7b and/or new address (if address change) in item 7c. CHANGE name change in the rise of the record name in item 6a or 6b; also give news. CHANGE NAME MARKED STATE B. B. INDIVIDUAL'S LAST NAME FIRST NAME VANN CHANGE (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME R. D. INDIVIDUAL'S LAST NAME FIRST NAME VANN SCOTT CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME R. D. INDIVIDUAL'S LAST NAME FIRST NAME VANN SCOTT CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME R. D. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFI ADD ADDED INFORMATION: 7a. ORGANIZATION'S NAME R. D. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFI ADD ADDED INFORMATION: 7a. ORGANIZATION'S NAME R. D. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFI ADD ADDED INFORMATION: 7a. ORGANIZATION'S NAME R. D. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFI ADD STATE POSTAL CODE COUNTY	SEND ACKNOWLEDGME COLONIAL BANK P.O. BOX 6	NT TO: (Name and Address)					
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AMENDMENT (COLLATERAL CHANGE): check only one box.			· · · · · · · · · · · · · · · · · · ·				NO

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_	LOW INSTRUCTIONS (front and ba INITIAL FINANCING STATEMENT F		ndment form)			
12.	NAME OF PARTY AUTHORIZING 12a. ORGANIZATION'S NAME	THIS AMENDMENT (same as	item 9 on Amendment form)			
	VANN OWENS LLC					
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
13.	Use this space for additional informa	ation				

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY