



| NAME & PHONE OF CONTACT AT FILER [optional] | | | | |
|--|---|--|-----------------------|--|
| SEND ACKNOWLEDGMENT TO: (Name and Address) | | | | |
| SEND ACKNOVILEDGIVIENT TO: (Maine and Address) | <u></u> | | | |
| Donk of Alchama | | | | |
| Bank of Alabama | | | | |
| P. O. Box 59587 | | | | |
| Birmingham, AL 35209 | | | | |
| | | | | |
| | THE ABOVE SP | ACE IS FOR FILING OFFICE | JSE ONLY | |
| INITIAL FINANCING STATEMENT FILE # | | 1b. This FINANCING STATEM to be filed [for record] (or record) | | |
| 1998-31626 | | REAL ESTATE RECORDS | REAL ESTATE RECORDS. | |
| TERMINATION: Effectiveness of the Financing Statement identified above is | | | | |
| CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law. | ve with respect to security interest(s) or the Secure | a Party additionizing this Continuation | ii Otatomoni is | |
| ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a | address of assignee in item 7c; and also give name o | f assignor in item 9. | | |
| AMENDMENT (PARTY INFORMATION): This Amendment affects Del | btor or Secured Party of record. Check only o | ne of these two boxes. | | |
| Also check one of the following three boxes and provide appropriate information in it | | ne | m 7a or 7b, and also | |
| 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) | | item 7c; also complete ite | ms 7d-7g (if applicat | |
| CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME | | | | |
| Lindsey Development Company, LLC | | | | |
| 6b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX | |
| | | | | |
| CHANGED (NEW) OR ADDED INFORMATION: | | | | |
| 7a. ORGANIZATION'S NAME | | | | |
| 7Ь. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX | |
| | | | | |
| MAILING ADDRESS | CITY | STATE POSTAL CODE | COUNTRY | |
| | 74 UIDIODIOTIONI OF ODCIANIZATIONI | 7g. ORGANIZATIONAL ID#, if | 2DV | |
| I. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION | 7f. JURISDICTION OF ORGANIZATION | 7g. ORGANIZATIONAL ID#, II | · | |
| CHOMIZATION | | | No. | |
| DEBTOR | | | | |
| DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. | ral description, or describe collateral lassigned | | | |
| DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral | ral description, or describe collateral assigned | • | | |
| DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral Adeleted or added, or give entire restated collateral PARTIAL RELEASE: | | | Sector 1 | |
| AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral PARTIAL RELEASE: Lot 1, 2, 3, 114, 115, 229, 230, 231, 232 a | ccording to the Survey of S | Stage Coach Trace | | |
| AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral PARTIAL RELEASE: Lot 1, 2, 3, 114, 115, 229, 230, 231, 232 a as recorded in Map Book 25 Page 24 A, B | ccording to the Survey of S | Stage Coach Trace | | |
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