



	OF CONTACT AT FILER [optional]				
TRINA A. PIKE					
SEND ACKNOWL	EDGMENT TO: (Name and Address)				
METRO	BANK				
800 MA	RTIN ST SO				
PELL CI	TY, AL 35128				
		THE ABOVE		R FILING OFFICE USE	
. INITIAL FINANCING			□ to	is FINANCING STATEMEN be filed [for record] (or rec	
	49 DATED 12/23/1998-51349 FILED WIT	بوائده جبدت وسبب نورس في المساهبي الأحمد ومساولة المناب ويوران بروي من أو أن يورود ويورد		AL ESTATE RECORDS.	
	1: Effectiveness of the Financing Statement identified ab		_ 		
<u> </u>	ON: Effectiveness of the Financing Statement identified and additional period provided by applicable law.	above with respect to security interest(s) of the Sec	cured Party author	orizing this Continuation S	tatement is
ASSIGNMENT	(full or partial): Give name of assignee in item 7a or 7b	and address of assignee in item 7c; and also give no	ame of assignor	in item 9.	
	ARTY INFORMATION): This Amendment affects			كمري كالمرب والمرب	
Also check one of the	e following three boxes and provide appropriate informat	tion in items 6 and/or 7.			
CHANGE name a name (if name ch	and/or address: Give current record name in item 6a or 6 nange) in item 7a or 7b and/or new address (if address ch	b); also give new DELETE name: Give record nange) in item 7c. to be deleted in item 6a or 6	name AC b. liter	D name: Complete item in 7c; also complete items	7a or 7b, and also 7d-7g (if applicab
	RD INFORMATION:				·
6a. ORGANIZATIO	N'S NAME		• • • • • • • • • • • • • • • • • • •		
,					
6b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME S	
LIVELY		AUSTIN	W	<u>_</u>	
CHANGED (NEW	/) OR ADDED INFORMATION:				
7a. ORGANIZATIO	N'S NAME				
5 L		FIRST NAME	MIDDLE	NAME	SUFFIX
7b. INDIVIDUAL'S	LAST NAME				
	LAST NAME	PEGGY			
7b. INDIVIDUAL'S LIVELY . MAILING ADDRESS	· · · · · · · · · · · · · · · · · · ·	CITY	STATE	POSTAL CODE	COUNTRY
7b. INDIVIDUAL'S	· · · · · · · · · · · · · · · · · · ·		STATE	POSTAL CODE 35147	COUNTRY
7b. INDIVIDUAL'S LIVELY . MAILING ADDRESS	55	CITY STERRETT	AL		
TAX ID#: SSN OF	55 R EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	CITY STERRETT	AL	35147	y
TAX ID#: SSN OF	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR OLLATERAL CHANGE): check only one box.	STERRETT 7f. JURISDICTION OF ORGANIZATION	AL 7g. ORG	35147	у
LIVELY MAILING ADDRESS 20420 HWY 5 TAX ID#: SSN OF	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR OLLATERAL CHANGE): check only one box. deleted or added, or give entire restated col	CITY STERRETT 7f. JURISDICTION OF ORGANIZATION Ilateral description, or describe collateral assign	AL 7g. ORG	35147 ANIZATIONAL ID #, if an	yN(
LIVELY MAILING ADDRESS 20420 HWY 5 TAX ID#: SSN OF AMENDMENT (C Describe collateral [1) 1983 FLEET	R EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR OLLATERAL CHANGE): check only one box. deleted or added, or give entire restated columns and the columns.	CITY STERRETT 7f. JURISDICTION OF ORGANIZATION Ilateral description, or describe collateral assign	AL 7g. ORG	35147 ANIZATIONAL ID #, if an	yN(
LIVELY MAILING ADDRESS 20420 HWY 5 TAX ID#: SSN OF AMENDMENT (C Describe collateral [1) 1983 FLEET	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR OLLATERAL CHANGE): check only one box. deleted or added, or give entire restated col	CITY STERRETT 7f. JURISDICTION OF ORGANIZATION Ilateral description, or describe collateral assign	AL 7g. ORG	35147 ANIZATIONAL ID #, if an	y
LIVELY MAILING ADDRESS 20420 HWY 5 TAX ID#: SSN OF AMENDMENT (C Describe collateral [1) 1983 FLEET	R EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR OLLATERAL CHANGE): check only one box. deleted or added, or give entire restated columns and the columns.	CITY STERRETT 7f. JURISDICTION OF ORGANIZATION Ilateral description, or describe collateral assign	AL 7g. ORG	35147 ANIZATIONAL ID #, if an	y
LIVELY MAILING ADDRESS 20420 HWY 5 TAX ID#: SSN OF AMENDMENT (C Describe collateral [1) 1983 FLEET	R EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR OLLATERAL CHANGE): check only one box. deleted or added, or give entire restated columns and the columns.	CITY STERRETT 7f. JURISDICTION OF ORGANIZATION Ilateral description, or describe collateral assign	AL 7g. ORG	35147 ANIZATIONAL ID #, if an	y N(
LIVELY MAILING ADDRESS 20420 HWY 5 TAX ID#: SSN OF AMENDMENT (C Describe collateral [1) 1983 FLEET	R EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR OLLATERAL CHANGE): check only one box. deleted or added, or give entire restated columns and the columns.	CITY STERRETT 7f. JURISDICTION OF ORGANIZATION Ilateral description, or describe collateral assign	AL 7g. ORG	35147 ANIZATIONAL ID #, if an	yN(
LIVELY MAILING ADDRESS 20420 HWY 5 TAX ID#: SSN OF AMENDMENT (C Describe collateral [1) 1983 FLEET	R EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR OLLATERAL CHANGE): check only one box. deleted or added, or give entire restated columns and the columns.	CITY STERRETT 7f. JURISDICTION OF ORGANIZATION Ilateral description, or describe collateral assign	AL 7g. ORG	35147 ANIZATIONAL ID #, if an	y N(
LIVELY MAILING ADDRESS 20420 HWY 5 TAX ID#: SSN OF AMENDMENT (C Describe collateral [1) 1983 FLEET	R EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR OLLATERAL CHANGE): check only one box. deleted or added, or give entire restated columns and the columns.	CITY STERRETT 7f. JURISDICTION OF ORGANIZATION Ilateral description, or describe collateral assign	AL 7g. ORG	35147 ANIZATIONAL ID #, if an	yN(
LIVELY MAILING ADDRESS 20420 HWY 5 TAX ID#: SSN OF AMENDMENT (C Describe collateral [1) 1983 FLEET	R EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR OLLATERAL CHANGE): check only one box. deleted or added, or give entire restated columns and the columns.	CITY STERRETT 7f. JURISDICTION OF ORGANIZATION Ilateral description, or describe collateral assign	AL 7g. ORG	35147 ANIZATIONAL ID #, if an	y
LIVELY MAILING ADDRESS 20420 HWY 5 TAX ID#: SSN OF AMENDMENT (C Describe collateral [1) 1983 FLEET	R EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR OLLATERAL CHANGE): check only one box. deleted or added, or give entire restated columns and the columns.	CITY STERRETT 7f. JURISDICTION OF ORGANIZATION Ilateral description, or describe collateral assign	AL 7g. ORG	35147 ANIZATIONAL ID #, if an	yN(
LIVELY MAILING ADDRESS 20420 HWY 5 TAX ID#: SSN OF AMENDMENT (C Describe collateral [1) 1983 FLEET	R EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR OLLATERAL CHANGE): check only one box. deleted or added, or give entire restated columns and the columns.	CITY STERRETT 7f. JURISDICTION OF ORGANIZATION Ilateral description, or describe collateral assign	AL 7g. ORG	35147 ANIZATIONAL ID #, if an	yN(
LIVELY MAILING ADDRESS 20420 HWY 5 TAX ID#: SSN OF AMENDMENT (C Describe collateral [1) 1983 FLEET CONTAINED THE	R EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR OLLATERAL CHANGE): check only one box. deleted or added, or give entire restated column restated column and the column	CITY STERRETT 7f. JURISDICTION OF ORGANIZATION Illateral description, or describe collateral assign HOME SN #5263, WITH ALL FIXT	AL 7g. ORG	35147 GANIZATIONAL ID #, if and CESSIONS, AND	ACCESSORIE
LIVELY MAILING ADDRESS 20420 HWY 5 TAX ID#: SSN OF AMENDMENT (C Describe collateral [1) 1983 FLEET CONTAINED THE	R EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR OLLATERAL CHANGE): check only one box. deleted or added, or give entire restated columns and the columns.	CITY STERRETT 7f. JURISDICTION OF ORGANIZATION Illateral description, or describe collateral assign HOME SN #5263, WITH ALL FIXT AMENDMENT (name of assignor, if this is an Assignor)	AL 7g. ORG	SANIZATIONAL ID #, if and CESSIONS, AND	ACCESSORIE
LIVELY MAILING ADDRESS 20420 HWY 5 TAX ID#: SSN OF AMENDMENT (C Describe collateral [1) 1983 FLEET CONTAINED THE	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR OLLATERAL CHANGE): check only one box. deleted or added, or give entire restated column restated column restated column. TWOOD MEDFORD 14 X 60 MOBILE EREIN OR ATTACHED THERETO.	CITY STERRETT 7f. JURISDICTION OF ORGANIZATION Illateral description, or describe collateral assign HOME SN #5263, WITH ALL FIXT AMENDMENT (name of assignor, if this is an Assignor)	AL 7g. ORG	SANIZATIONAL ID #, if and CESSIONS, AND	ACCESSORIE
NAME OF SECU adds collateral or add METRO BANK	ADD'L INFO RE Te. TYPE OF ORGANIZATION ORGANIZATION DEBTOR COLLATERAL CHANGE): check only one box. deleted or added, or give entire restated column restated column and the second sec	CITY STERRETT 7f. JURISDICTION OF ORGANIZATION Illateral description, or describe collateral assign HOME SN #5263, WITH ALL FIXT AMENDMENT (name of assignor, if this is an Assignor)	AL 7g. ORG	SANIZATIONAL ID #, if and CESSIONS, AND	ACCESSORIE
TAX ID#: SSN OF AMENDMENT (C Describe collateral C ONTAINED THE NAME OF SECU adds collateral or add 9a. ORGANIZATIO	RED PARTY OF RECORD AUTHORIZING THIS des the authorizing Debtor, or if this is a Termination authon's NAME	CITY STERRETT 7f. JURISDICTION OF ORGANIZATION Illateral description, or describe collateral assign HOME SN #5263, WITH ALL FIXT AMENDMENT (name of assignor, if this is an Assignor)	AL 7g. ORG	SANIZATIONAL ID #, if and the state of the s	ACCESSORIE