



20030829000578280 Pg 1/1 .00 Shelby Cnty Judge of Probate, AL 08/29/2003 15:24:00 FILED/CERTIFIED

A. NAME & PHONE OF CONTACT AT FILER (optional) B. SEND ACKNOWLEDGMENT TO: (Name and Address) FIRST NATIONAL BANK OF SHELBY COUNTY POBOX 977 106 EAST COLLEGE STREET COLUMBIANA, AL 35051 THE ABOVE SPACE IS FOR FILING OFFICE 1a. INITIAL FINANCING STATEMENT FILE # SHELBY COUNTY INST #2000-31565 1b. This FINANCING STATE to be filled for record to REAL ESTATE RECORD TO SHELBY COUNTY INST #2000-31565 2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation time on the additional period provided by applicable law. 4. ASSIGNMENT (PARTY INFORMATION): This Amendment affects Debtor of Secured Party at of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in terms 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new one of the following three boxes and provide appropriate information in terms 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new of the following three boxes and provide appropriate information in terms 7. GENERAL RECORD INFORMATION: 6b. INDIVIDUAL'S LAST NAME LUKER FIRST NAME MIDDLE NAME MIDDLE NAME	
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OR 6b. INDIVIDUAL'S LAST NAME MIDDLE NAME	
FIRST NAME	
LUKER	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:	
7a. ORGANIŽATION'S NAME	
OR 7b. INDIVIDUAL'S LAST NAME MIDDLE NAME	SUFFIX
c. MAILING ADDRESS STATE POSTAL CODE	COUNTRY
7d. TAX ID #: SSN OR EIN TADD'L INFO RE 17e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #	
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3. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box.	XNON
Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.	
. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment aut	thorized by a Debtor whic
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendm	nent.
9a. ORGANIZATION'S NAME FIRST NATIONAL BANK OF SHELBY COUNTY	
OR 96. INDIVIDUAL'S LAST NAME MIDDLE NAME	TSUFFIX
10. OPTIONAL FILER REFERENCE DATA	<u>, </u>