

20031006000672320 Pg 1/1 .00  
Shelby Cnty Judge of Probate, AL  
10/06/2003 14:39:00 FILED/CERTIFIED

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|  |
|--|
| A. NAME & PHONE OF CONTACT AT FILER [optional]   |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)  |
| FIRST NATIONAL BANK OF SHELBY COUNTY<br>P. O. BOX 977<br>106 EAST COLLEGE ST<br>COLUMBIANA, AL 35051 |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

|  |  |
|--|--|
| 1a. INITIAL FINANCING STATEMENT FILE #<br>SHELBY COUNTY INST #1999-39757   | 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.<br><input type="checkbox"/> |
| 2. <input checked="" type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.  |  |
| 3. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.   |  |
| 4. <input type="checkbox"/> 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.   |  |
| 5. AMENDMENT (PARTY INFORMATION): This Amendment affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only <u>one</u> of these two boxes.<br>Also check <u>one</u> of the following three boxes and provide appropriate information in items 6 and/or 7.<br><input type="checkbox"/> CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable). |  |
| 6. CURRENT RECORD INFORMATION:   |  |
| 6a. ORGANIZATION'S NAME  |  |
| OR   | 6b. INDIVIDUAL'S LAST NAME<br>HETHCOX  |
|  | FIRST NAME<br>SHANE  |
|  | MIDDLE NAME  |
|  | SUFFIX   |
| 7. CHANGED (NEW) OR ADDED INFORMATION:   |  |
| 7a. ORGANIZATION'S NAME  |  |
| OR   | 7b. INDIVIDUAL'S LAST NAME   |
|  | FIRST NAME   |
|  | MIDDLE NAME  |
|  | SUFFIX   |
| 7c. MAILING ADDRESS  | CITY   |
|  | STATE  |
|  | POSTAL CODE  |
|  | COUNTRY  |
| 7d. TAX ID #: SSN OR EIN   | ADD'L INFO RE ORGANIZATION DEBTOR  |
| 7e. TYPE OF ORGANIZATION   | 7f. JURISDICTION OF ORGANIZATION   |
|  | 7g. ORGANIZATIONAL ID #, if any  |
|  | <input checked="" type="checkbox"/> NONE   |
| 8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box.<br>Describe collateral <input type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned.   |  |

|   |                            |            |             |
|---|----------------------------|------------|-------------|
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment. |                            |            |             |
| 9a. ORGANIZATION'S NAME<br>FIRST NATIONAL BANK OF SHELBY COUNTY   |                            |            |             |
| OR  | 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME |
|   |                            |            | SUFFIX      |

10. OPTIONAL FILER REFERENCE DATA