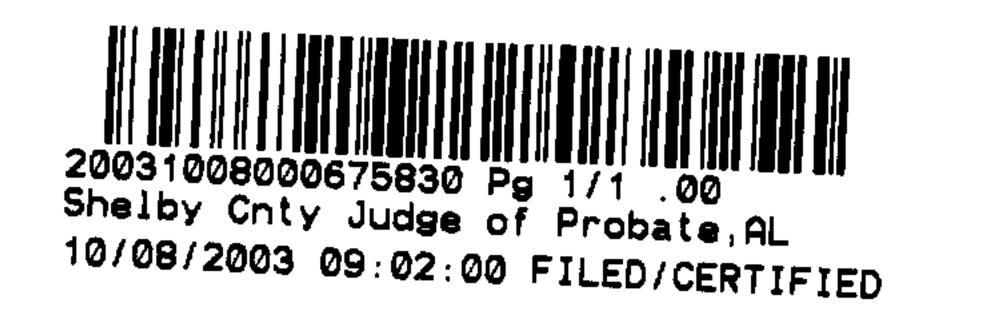


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JCC FINANCING STAT OLLOW INSTRUCTIONS (front and	TEMENTAMENDME d back) CAREFULLY	NI			
A. NAME & PHONE OF CONTACT					
Deborah Gariffo (205) 968-					
3. SEND ACKNOWLEDGMENT TO:	(Name and Address)				
Harrita an Danla					
Heritage Bank P O Box 43889					
Birmingham, Al 3524	13				
Diffingham, At 3324	<i>'</i> .				
1					
<u></u>					
		THE ABOVE S	PACE IS FO	R FILING OFFICE US	E ONLY
Instrument # 1999-47307			•	s FINANCING STATEMEN be filed [for record] (or reco	
			l RE	AL ESTATE RECORDS.	
	· · · · · · · · · · · · · · · · · · ·	e is terminated with respect to security interest(s) of the			
continued for the additional period	of the Financing Statement identified at provided by applicable law.	pove with respect to security interest(s) of the Secu	red Party auth	orizing this Continuation S	tatement is
		d address of assignee in item 7c; and also give name	of assignor in	item 9.	
AMENDMENT (PARTY INFORMA		Debtor or Secured Party of record. Check only	one of these	two boxes.	
	xes and provide appropriate information in				
name (if name change) in item 7a or	ve current record name in item 6a or 6b; a r 7b and/or new address (if address chang	lso give new DELETE name: Give record name) in item 7c. to be deleted in item 6a or 6b.	ime	DD name: Complete item 7 m 7c; also complete items	a or 7b, and also
CURRENT RECORD INFORMATIO	N:				ra rg (ii applicat
6a. ORGANIZATION'S NAME	T		•		· · · · · ·
Fountain City Body Work	is, inc.				
6b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	MIDDLE NAME SUFFIX	
CHANGED (NEW) OR ADDED INFO	RMATION:		· · · · · · · · · · · · · · · · · · ·		
7a. ORGANIZATION'S NAME					
7b. INDIVIDUAL'S LAST NAME . MAILING ADDRESS					
		FIRST NAME	MIDDLE	MIDDLE NAME SUFI	
. WAILING ADDITEGG		CITY	STATE	POSTAL CODE	COUNTRY
. TAX ID #: SSN OR EIN ADD'L INF	O RE 7e. TYPE OF ORGANIZATION	76 UIDICDICTION OF ODOANIZATION			
ORGANIZA		7f. JURISDICTION OF ORGANIZATION	7g. ORG/	ANIZATIONAL ID #, if any	
DEBTOR					NO
AMENDMENT (COLLATERAL CH	ANGE): check only <u>one</u> box.				····
Describe collateral deleted or	added, or give entire restated collate	ral description, or describe collateral assigned	! .		
					•
					•
					•
NAME OF SECURED PARTY OF	RECORD AUTHORIZING THIS AM	IENDMENT (name of assignor, if this is an Assignm	ent). If this is	an Amendment authorized	hv a Debtor which
adds collateral or adds the authorizing De	RECORD AUTHORIZING THIS AM btor, or if this is a Termination authorized	IENDMENT (name of assignor, if this is an Assignm I by a Debtor, check here and enter name of DE	ent). If this is BTOR author	an Amendment authorized izing this Amendment.	by a Debtor which
9a. ORGANIZATION'S NAME	RECORD AUTHORIZING THIS AM bloom, or if this is a Termination authorized	IENDMENT (name of assignor, if this is an Assignm I by a Debtor, check here and enter name of DE	ent). If this is BTOR author	an Amendment authorized izing this Amendment.	by a Debtor which
9a. ORGANIZATION'S NAME Heritage Bank	RECORD AUTHORIZING THIS AM bloom, or if this is a Termination authorized	IENDMENT (name of assignor, if this is an Assignm I by a Debtor, check here and enter name of DE	ent). If this is BTOR author	an Amendment authorized izing this Amendment.	by a Debtor which
9a. ORGANIZATION'S NAME	RECORD AUTHORIZING THIS AM btor, or if this is a Termination authorized	IENDMENT (name of assignor, if this is an Assignm I by a Debtor, check here and enter name of DE	ent). If this is BTOR author	izing this Amendment.	by a Debtor which
9a. ORGANIZATION'S NAME Heritage Bank	RECORD AUTHORIZING THIS AM btor, or if this is a Termination authorized	by a Debtor, check here and enter name of DE	BTOR author	izing this Amendment.	
9a. ORGANIZATION'S NAME Heritage Bank	eptor, or it this is a Termination authorized	by a Debtor, check here and enter name of DE	BTOR author	izing this Amendment.	