

INTITAL FIRANCING STATEMENT FILE # INTITAL FIRANCING STATEMENT FI	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY This FINANCING STATEMENT AMENDME to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. The		NG STATEMENT AMENDME	NT		
BANCORPSOUTH BANK PO BOX 4360 TUPELO, MS 38803 THE ABOVE SPACE IS FOR FILING OFFICE USE 0 INITIAL FINANCING STATEMENT FILE # 1030206000073280 FILED WITH SHELBY COUNTY, AL ON 02/06/2003 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Continuation State Continuation of the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of essigned in item 7a or 7b and address of assigned in item 7c, and side give name of essignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Secured Party authorizing this Continuation State	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT AMENDME to be filed (for record) (or recorded) in the REAL ESTATE RECORDS sement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement istatement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is the law. see in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. Indement affects Debtor of Secured Party of record. Check only one of these two boxes. Debtor of Debtor of Debtor of Debtor of Secured Party of record. Check only one of these two boxes. The intermited of the Secured Party of record name are intermited on the secured Party of record name are intermited. In Jacob Party of Party o	NAME & PHONE OF	CONTACT AT FILER [optional]			
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MENDMENT (COLLATERAL CHANGE): check only one box.		6a. ORGANIZATION'S OAK BLUFF 6b. INDIVIDUAL'S LAS 7a. ORGANIZATION'S 7b. INDIVIDUAL'S LAS	ENTERPRISES INC ST NAME ADDED INFORMATION: S NAME T NAME ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	FIRST NAME CITY	MIDDLE NAME STATE POSTAL CODE	SUFFIX
scribe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.	y <u>one</u> box.	6a. ORGANIZATION'S OAK BLUFF 6b. INDIVIDUAL'S LAS TALING ADDRESS AX ID #: SSN OR EII MENDMENT (COLI	ENTERPRISES INC ST NAME ADDED INFORMATION: NAME N ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR ATERAL CHANGE): check only one box.	FIRST NAME CITY 7f. JURISDICTION OF ORGANIZATION	MIDDLE NAME STATE POSTAL CODE 7g. ORGANIZATIONAL ID #, if	SUFFIX
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