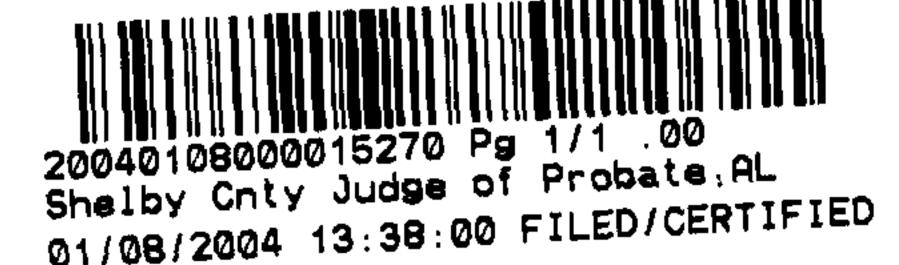
. ,	 	 	 · · · · · · ·	·····



		01/08/2004 13:38:00 11-23:38:00				
CC FINANCING STATEMENT AMENDMEI CLIOW INSTRUCTIONS (front and back) CAREFULLY	NT					
NAME & PHONE OF CONTACT AT FILER [optional]						
. SEND ACKNOWLEDGMENT TO: (Name and Address)						
Regions Bank						
Attn: Earline Campbell						
P.O. Box 4897						
Montgomery, AL 36103						
INITIAL FINANCING STATEMENT FILE #	THE ABOV		R FILING OFFICE USE S FINANCING STATEMENT			
001-31936 08/01/2001		to t	e filed [for record] (or record)			
X TERMINATION: Effectiveness of the Financing Statement identified above	s is terminated with respect to security interest(s)			on Statement.		
CONTINUATION: Effectiveness of the Financing Statement identified at continued for the additional period provided by applicable law.	bove with respect to security interest(s) of the S	ecured Party auth	orizing this Continuation Sta	atement is		
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and						
AMENDMENT (PARTY INFORMATION): This Amendment affects Dealer Also check one of the following three boxes and provide appropriate information in	Debtor or Secured Party of record. Check n items 6 and/or 7.	only <u>one</u> of these	two doxes.			
CHANGE name and/or address: Give current record name in item 6a or 6b; a name (if name change) in item 7a or 7b and/or new address (if address change)	Iso give new TT DELETE name: Give recor	d name Al	DD name: Complete item 7a m 7c; also complete items 7	or 7b, and also		
CURRENT RECORD INFORMATION:	gey in item i C. L. To be deleted in item of Or	00.	in re, also complete items r	u-ry (ii applical		
6a. ORGANIZATION'S NAME		· · · · · · · · · · · · · · · · · · ·				
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	IMIDDLE	IMIDDLE NAME			
MORRIS	RHONDA		,			
CHANGED (NEW) OR ADDED INFORMATION:		<u> </u>	·· -·			
7a. ORGANIZATION'S NAME						
	FIRST NAME	MIDDLE	NAME	SUFFIX		
7b. INDIVIDUAL'S LAST NAME						
7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY		
7b. INDIVIDUAL'S LAST NAME . MAILING ADDRESS 29 HORSEBACK TRAIL		STATE	POSTAL CODE 35143-0000			
7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 29 HORSEBACK TRAIL TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION Individual	CITY SHELBY	STATE	POSTAL CODE	COUNTRY		
7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 29 HORSEBACK TRAIL TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR Individual	CITY SHELBY	STATE	POSTAL CODE 35143-0000	COUNTRY		
7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 29 HORSEBACK TRAIL TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR Individual AMENDMENT (COLLATERAL CHANGE): check only one box.	CITY SHELBY 7f. JURISDICTION OF ORGANIZATION	STATE AL 7g. ORG	POSTAL CODE 35143-0000	COUNTRY		
7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 29 HORSEBACK TRAIL TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION Individual AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral Adeleted or added, or give entire restated collateral restated collateral added, or give entire restated collateral added, or give entire restated collateral	CITY SHELBY 7f. JURISDICTION OF ORGANIZATION eral description, or describe collateral assi	STATE AL 7g. ORG	POSTAL CODE 35143-0000 ANIZATIONAL ID #, if any	COUNTRY		
7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 29 HORSEBACK TRAIL TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION Individual AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral Adeleted or added, or give entire restated collateral added added or give entire restated collateral added added or give entire added	CITY SHELBY 7f. JURISDICTION OF ORGANIZATION eral description, or describe collateral assine foregoing is owned now or a	STATE AL 7g. ORG	POSTAL CODE 35143-0000 ANIZATIONAL ID #, if any er; all accessions	COUNTRY USA [Xin		
7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 29 HORSEBACK TRAIL TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION Individual AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral Added, or give entire restated collateral restated collateral Tax 10 restated r	CITY SHELBY 7f. JURISDICTION OF ORGANIZATION eral description, or describe collateral assine foregoing is owned now or a	STATE AL 7g. ORG	POSTAL CODE 35143-0000 ANIZATIONAL ID #, if any er; all accessions	COUNTRY USA		
7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 29 HORSEBACK TRAIL TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION Individual AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral Added, or give entire restated collateral restated collateral Tax 10 restated restated collateral Tax 10 restated res	CITY SHELBY 7f. JURISDICTION OF ORGANIZATION eral description, or describe collateral assine foregoing is owned now or a	STATE AL 7g. ORG	POSTAL CODE 35143-0000 ANIZATIONAL ID #, if any er; all accessions	COUNTRY USA		
7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 29 HORSEBACK TRAIL TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION Individual AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral Adeleted or added, or give entire restated collateral added added or give entire restated collateral added added or give entire added	CITY SHELBY 7f. JURISDICTION OF ORGANIZATION eral description, or describe collateral assine foregoing is owned now or a	STATE AL 7g. ORG	POSTAL CODE 35143-0000 ANIZATIONAL ID #, if any er; all accessions	COUNTRY USA		
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION Individual AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral added ad	CITY SHELBY 7f. JURISDICTION OF ORGANIZATION eral description, or describe collateral assine foregoing is owned now or a	STATE AL 7g. ORG	POSTAL CODE 35143-0000 ANIZATIONAL ID #, if any er; all accessions	COUNTRY USA		
7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 29 HORSEBACK TRAIL TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION Individual AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral Added, or give entire restated collateral restated restat	CITY SHELBY 7f. JURISDICTION OF ORGANIZATION eral description, or describe collateral assine foregoing is owned now or a	STATE AL 7g. ORG	POSTAL CODE 35143-0000 ANIZATIONAL ID #, if any er; all accessions	COUNTRY USA		
The individual's last name MAILING ADDRESS 29 HORSEBACK TRAIL TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION Individual AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral Adeleted or added, or give entire restated collateral added added or give entire restated collateral added added or give entire restated collateral added ad	CITY SHELBY 7f. JURISDICTION OF ORGANIZATION eral description, or describe collateral assine foregoing is owned now or a	STATE AL 7g. ORG	POSTAL CODE 35143-0000 ANIZATIONAL ID #, if any er; all accessions	COUNTRY USA		
7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 29 HORSEBACK TRAIL TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION Individual AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral Adeleted or added, or give entire restated collateral added added add	CITY SHELBY 7f. JURISDICTION OF ORGANIZATION eral description, or describe collateral assine foregoing is owned now or a	STATE AL 7g. ORG	POSTAL CODE 35143-0000 ANIZATIONAL ID #, if any er; all accessions	COUNTRY USA Addition		
The individual's last name MAILING ADDRESS 29 HORSEBACK TRAIL TAX ID #: SSN OR EIN ADD'L INFO RE OF TYPE OF ORGANIZATION DEBTOR Individual AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collaters. 39 Cavalier 14x56 Serial # 5932; whether any of the lacement, and substitutions relating to any of the formal substitutions. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AND ADDRESS AND ADDRESS AND AUTHORIZING THIS AND ADDRESS AND ADDRE	CITY SHELBY 7f. JURISDICTION OF ORGANIZATION eral description, or describe collateral assine foregoing is owned now or a foregoing, all records of any king and the collateral assine foregoing, all records of any king and the collateral assignment and the collateral assignment assignment and the collateral assignment assignment assignment as a collateral assignment assignment as a collateral as a collateral assignment as a	gned. acquired lating signment). If this is	an Amendment authorized I	COUNTRY USA Addition going.		
The individual's last name The individual state in the individual state of th	CITY SHELBY 7f. JURISDICTION OF ORGANIZATION eral description, or describe collateral assine foregoing is owned now or a foregoing, all records of any king and the collateral assine foregoing, all records of any king and the collateral assignment and the collateral assignment assignment and the collateral assignment assignment assignment as a collateral assignment assignment as a collateral as a collateral assignment as a	gned. acquired lating signment). If this is	an Amendment authorized I	COUNTRY USA		
The individual's last name The individual's last name The individual's last name The individual is a constant of the individual	SHELBY 7f. JURISDICTION OF ORGANIZATION eral description, or describe collateral assine foregoing is owned now or a foregoing, all records of any kind and enter name of the description of this is an Assert by a Debtor, check here and enter name of the second of the	gned. acquired lating signment). If this is	an Amendment authorized I	COUNTRY USA		
MAILING ADDRESS 29 HORSEBACK TRAIL ADD'L INFO RE Te. TYPE OF ORGANIZATION ORGANIZATION Individual AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collate 89 Cavalier 14x56 Serial # 5932; whether any of the foliacement, and substitutions relating to any of the foliacement or adds the authorizing Debtor, or if this is a Termination authorize 9a. ORGANIZATION'S NAME	CITY SHELBY 7f. JURISDICTION OF ORGANIZATION eral description, or describe collateral assine foregoing is owned now or a foregoing, all records of any king and the collateral assine foregoing, all records of any king and the collateral assignment and the collateral assignment assignment and the collateral assignment assignment assignment as a collateral assignment assignment as a collateral as a collateral assignment as a	gned. acquired lating signment). If this is	an Amendment authorized Inizing this Amendment.	COUNTRY USA Additions going.		
The individual's last name The mailling address 29 HORSEBACK TRAIL That ID #: SSN OR EIN Add't Info RE Te. Type of Organization Individual AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral added added added added additional added added additional additional	SHELBY 7f. JURISDICTION OF ORGANIZATION eral description, or describe collateral assine foregoing is owned now or a foregoing, all records of any kind and by a Debtor, check here and enter name of any any and enter name of any and enter name of any any any any and enter name of any any any any any and enter name of any	gned. acquired lating signment). If this is a DEBTOR authorise.	an Amendment authorized Inizing this Amendment.	COUNTRY USA Addition going. by a Debtor which		
The individual's last name The mailling address 29 HORSEBACK TRAIL TAX ID #: SSN OR EIN Add't Info RE Te. TYPE OF ORGANIZATION Individual AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collaterates added added added added additional added added	SHELBY 7f. JURISDICTION OF ORGANIZATION eral description, or describe collateral assine foregoing is owned now or a foregoing, all records of any kind and by a Debtor, check here and enter name of any any and enter name of any and enter name of any any any any and enter name of any any any any any and enter name of any	gned. acquired lating signment). If this is a DEBTOR authorise.	an Amendment authorized Inizing this Amendment.	COUNTRY USA Addition going. by a Debtor which		