



01/12/2004 10:50:00 FILED/CERTIFIED

	C FINANCING STATEMENT AMENDME	NT		
	LOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional]			
В.	SEND ACKNOWLEDGMENT TO: (Name and Address)			
	LEE, ROY D. LEE, CONNIE L. P.O. BOX 337 WILSONVILLE, AL 35186			
	STMHD# 881239 SHELBY CTY AL			
	INSTINUTION OF ATENCHIC CHARACTERS	THE ABOV	E SPACE IS FOR FILING OFFICE U	
21	NITIAL FINANCING STATEMENT FILE # 875 Filed on 01/05/1989 SHELBY CTY		to be filed [for record] (or record)	ecorded) in the
2.	TERMINATION: Effectiveness of the Financing Statement identified above	e is terminated with respect to security interest(s)		
3.	CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law.	bove with respect to security interest(s) of the S	ecured Party authorizing this Continuation	n Statement is
4.	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b an	d address of assignee in item 7c; and also give n	ame of assignor in item 9.	
		Debtor or Secured Party of record. Check	only <u>one</u> of these two boxes.	
,	Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.	DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item 7	'a or 7b, and also
6.	CURRENT RECORD INFORMATION:	L 10 be defeted in item 6a of 6b.	L item /c; also complete items	7e-7g (ii applicable).
	6a. ORGANIZATION'S NAME			
OR	6b. INDIVIDUAL'S LAST NAME LEE	FIRST NAME ROY	MIDDLE NAME D.	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.	SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if a	Iny
9. 1	AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral deleted or said added, or give entire restated collateral deleted or added to the said added to the sai	MENDMENT (name of assignor, if this is an Ass	ignment). If this is an Amendment authoriz	zed by a Debtor which
	odds collateral or adds the authorizing Debtor, or if this is a Termination authorized ORGANIZATION'S NAME SOUTHTRUST BANK	ed by a Debtor, check here and enter name o	PEDIOR authorizing this Amendment.	
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10.0	OPTIONAL FILER REFERENCE DATA			

UCC FINANCING STATEMENT AMENDMENT ADDENDUM							
FOLLOW INSTRUCTIONS (front and back) CAREFULLY							
11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)							
21875 Filed on 01/05/1989 SHELBY							
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)							
	12a. ORGANIZATION'S NAME						
25	SOUTHTRUST BANK						
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
,							
13. Use this space for additional information							
ADDITIONAL DEBTOR							
LE	E, CONNIE L.						

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

STMHD# 881239