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20050520000245220 1/1 \$.00 Shelby Cnty Judge of Probate, AL 05/20/2005 09:40:50AM FILED/CERT

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]

PAT CARVER 205-221-8886 B. SEND ACKNOWLEDGMENT TO: (Name and Address)	· · · · · · · · · · · · · · · · · · ·		
B. SEIND ACKINONVEEDGINEIN FO. (INNINE AND Address)	——————————————————————————————————————		
PINNACLE BANK			
P.O. BOX 1388			
1811 SECOND AVENUE			
JASPER, AL 35502-1388			
	THE ABOVE	SPACE IS FOR FILING OFFICE US	EONLY
1a. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATEME	
20041026000589560 SHELBY CO		to be filed [for record] (or re REAL ESTATE RECORDS.	scorded) III the
2. V TERMINATION: Effectiveness of the Financing Statement identified a	bove is terminated with respect to security interest(s)	of the Secured Party authorizing this Te	ermination Statement.
3. CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law.	above with respect to security interest(s) of the Secu	ured Party authorizing this Continuation (Statement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7	b and address of assignee in item 7c; and also give n	ame of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects	Debtor or Secured Party of record. Check on	ly <u>one</u> of these two boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate informa	ation in items 6 and/or 7.		
CHANGE name and/or address: Give current record name in item 6a or 6 name (if name change) in item 7a or 7b and/or new address (if address of	6b; also give new DELETE name: Give record rechange) in item 7c. to be deleted in item 6a or 6		
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME			
OLD SOUTH BUILDERS, INC			
66. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			
OP			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
TI TAN IN SOUL OF FULL LABOUR DE 17 TYPE OF OPCANIZATION	TE HUDICOLCTION OF ODC ANIZATION	TO ODC ANITATIONAL ID # :4	
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if a	any ——-
DEBTOR			XNONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.	<u></u>		
Describe collateral deleted or added, or give entire restated	collateral description, or describe collateral assig	ned.	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS	AMENDMENT (name of assignor, if this is an Ass	ignment) If this is an Amendment author	rized by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination aut			
9a. ORGANIZATION'S NAME	<u></u>	·	<u>- </u>
PINNACLE BANK			
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA			
24973			

Bankers Systems, Inc., St. Cloud, MN. Form UCC-3-LAZ 5/30/2001
FILING OFFICE COPY -- NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98)