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) PINNACLE BANK P.O. BOX 1388 1811 SECOND AVENUE JASPER, AL 35502-1388

10. OPTIONAL FILER REFERENCE DATA

Shelby Cnty Judge of Probate, AL 05/20/2005 09:40:53AM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT AMENDMENT is 1a. INITIAL FINANCING STATEMENT FILE # to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. 20041026000589720 SHELBY CO TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. Debtor or Secured Party of record. Check only one of these two boxes. 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. ADD name: Complete item 7a or 7b, and also TIDELETE name: Give record name CHANGE name and/or address: Give current record name in item 6a or 6b; also give new item 7c; also complete items 7d-7g (if applicable). to be deleted in item 6a or 6b. name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME OLD SOUTH BUILDERS, INC SUFFIX MIDDLE NAME FIRST NAME 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME SUFFIX MIDDLE NAME FIRST NAME 76. INDIVIDUAL'S LAST NAME COUNTRY POSTAL CODE STATE CITY 7c. MAILING ADDRESS 7g. ORGANIZATIONAL ID #, if any 7f. JURISDICTION OF ORGANIZATION ADD'L INFO RE 7e. TYPE OF ORGANIZATION SSN OR EIN 7d. TAX ID # ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here 🦳 and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME PINNACLE BANK SUFFIX MIDDLE NAME FIRST NAME 9b. INDIVIDUAL'S LAST NAME