UCC FINANCING STATEMENT AMENDMENT

OLLOW 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	

20050520000245260 1/1 \$.00 Shelby Cnty Judge of Probate, AL

	AME & PHONE OF CONTACT AT FILER (optional)		05/20/200	05 09:40	:54AM FILED/CERT	
	CARVER 205-221-8886					
	END ACKNOWLEDGMENT TO: (Name and Address)					
	f					
	PINNACLE BANK	!				
	P.O. BOX 1388					
	1811 SECOND AVENUE					
	JASPER, AL 35502-1388					
	<u></u>				FILING OFFICE USE OF	
1a. II	NITIAL FINANCING STATEMENT FILE #				FINANCING STATEMENT A filed [for record] (or record	
2	20041026000589700 SHELBY CO			REA	ESTATE RECORDS.	
2. _v	TERMINATION: Effectiveness of the Financing Statement identified above					
3.	CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	ve with respect to se	curity interest(s) of the Secured Pa	arty authori	zing this Continuation State	ment is
L					والمساحة والمستقال والمستق	
4.	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	d address of assigne	e in item 7c; and also give name o	assignor in	n item 9.	
5. A	MENDMENT (PARTY INFORMATION): This Amendment affects Del	btor <u>or</u> Secure	d Party of record. Check only one	of these tw	o boxes.	
	Iso check one of the following three boxes and provide appropriate information			A I'\ I'	· ····································	r 7h and also
	CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change)		DELETE name: Give record name to be deleted in item 6a or 6b.	item	name: Complete item 7a o 7c; also complete items 7d	1-7g (if applicable).
6. C	URRENT RECORD INFORMATION:					<u></u>
ſ	6a. ORGANIZATION'S NAME					
	OLD SOUTH BUILDERS INC			11400151	1 A A A F7	CUEEIV
UR	6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
	HANGED (NEW) OR ADDED INFORMATION:				<u></u>	
	7a. ORGANIZATION'S NAME					
00				T		I CLIEFIA
OR	76. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	VAIME	SUFFIX
					· 	
7c. l	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
7d.	TAX ID #: SSN OR EIN ADD'L INFO RE 70. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTI	ON OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if any	
	DEBTOR					XNONE
8. /	MENDMENT (COLLATERAL CHANGE): check only one box.					
C	Describe collateral 🔲 deleted or 🔲 added, or give entire 🔲 restated colla	teral description, or	describe collateral assigned.			
	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN					by a Debtor which
ā	adds collateral or adds the authorizing Debtor, or if this is a Termination authoriz					
	9a. ORGANIZATION'S NAME					
OR	PINNACLE BANK	1		RAINDIE	ΝΙΔΝΙΕ	SUFFIX
•	96. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	I V CIVIL	
10.	OPTIONAL FILER REFERENCE DATA					
2	4982					<u></u>