



OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]			
3. SEND ACKNOWLEDGMENT TO: (Name and Address)			
Compass Bank			
4958 Valleydale Road, Suite 101			
Birmingham, AL 35242			
Attn.: Cathy Padgett			
a. INITIAL FINANCING STATEMENT FILE #	THE A	BOVE SPACE IS FOR FILING OFFICE US 1b. This FINANCING STATEME	
20050204000058840		to be filed [for record] (or record) REAL ESTATE RECORDS.	
TERMINATION: Effectiveness of the Financing Statement in	dentified above is terminated with respect to security intere		
CONTINUATION: Effectiveness of the Financing Stateme			
continued for the additional period provided by applicable law			
ASSIGNMENT (full or partial): Give name of assignee in ite	em 7a or 7b and address of assignee in item 7c; and also g	give name of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendmen	t affects Debtor or Secured Party of record. C	heck only <u>one</u> of these two boxes.	
Also check one of the following three boxes and provide appropriate			Ze or Zh. and alao
CHANGE name and/or address: Give current record name in it name (if name change) in item 7a or 7b and/or new address (if	tem 6a or 6b; also give new DELETE name: Give address change) in item 7c. to be deleted in item (s 7d-7g (if applicable
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME			
Thornton Construction Con	npany. Inc.		
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:			
. CHAITCED (ITETT) CITABLE IN CITABLE.			
7a. ORGANIZATION'S NAME			
	FIRST NAME	MIDDLE NAME	SUFFIX
	FIRST NAME		
7b. INDIVIDUAL'S LAST NAME	FIRST NAME CITY	MIDDLE NAME STATE POSTAL CODE	SUFFIX
7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGONIZATION	CITY	STATE POSTAL CODE	COUNTRY
7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR	CITY SANIZATION 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE	COUNTRY
7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGONIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one	CITY SANIZATION 7f. JURISDICTION OF ORGANIZATION box.	STATE POSTAL CODE ON 7g. ORGANIZATIONAL ID #, if an	COUNTRY
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